TAY I WAY ON THE PRESENT BY 11 83 3 0.00

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4		REGISTRAR		CERTII	FICATE OF DEATH	O REONO.	1 9	0 7 0			
_		CEASED NAME FIRST Mrs. L	ucille T. Wh		l d	July 31	A STATE OF THE STA	4.00Pm			
	3 SEX	Female	4 RACE Caucasian		of Birth Bust 23 1906 EAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS				
1		RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNT U.S.A.	RY? 8 MARRIE WIDOW		9 BALTIMORE CITY OR COUNTY OF DEATH Baltimore City					
1	1	TY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, NU		OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR HOMEWAKEP	OF BUSINESS OR				
-	13a S	AL RESIDENCE (IF NURSING HOME OF	TOTHER INSTITUTION GIVE RESIDENCE BY TY BALL		13d. INSIDE CITY LIMITS?	130 STREET ADDRESS / 710	cope gers Avenue	21207			
7		ATHER'S NAME William Wigger	MIDDLE LAST		Fmily Wigge	MIDDLE	U	AST			
	16a V	VAS DECEASED EVER IN U.S. AF		74-2096	17 INFOMRANCHERIES 4008 North	Rogers Ave. Bal	timore	Maryland			
		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSE	EQUENCE OF	degenera vibrioscele	ALORIS ALINAL DISEASE OR CONDITION	DO GIVEN IN PART	yrs.			
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	POPERATION	ON WAS PERFORMED		IF YES, WERE FIND CERTIFYING CAUSE YES				
	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE 270 I certify that (I) ATTS hasp saw the deceased alive or abave, (I) (iii) (did or 272b SIGNATURE 272d PHYSICIAN'S NAME (TYPE	P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY OFF	FICE, FARM ETC)	211 LOCATION STREET 24 , 19 56 and that in (my) in opinion DEGREE	RED (ENTER NATURE OF INJURY IN IT	COUNTY 19 22c DAT	STATE , that (I) (we) last			
		Dr. Mar	vin Goldstein		6001 Park	Heights Avenu	ie .				

BP

TO FUNERAL DIRECTOR. should be detached for with the State Dept of

DHMH - 16 60M 7/84 (VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL Burlal 08-03-85

8728 Liberty Road Randallstown, Maryland 21133

24 FUNERAL DIRECTOR

Loring Byers Funeral Directors, Inc.

23c. NAME OF CEMETERY OR CREMATORY Meadowridge Mem. Park 23d LOCATION Elkridge

Howard

Maryland

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

the Davidson Rondo

1 1918 - Telepi I				Lucil o 1.	. n-ul	
		1001 FS 341		mineral)	ejasi	
The same of the				.A.F.J	antiopa digo:	
	witness of					
Toggieri Avenase 27607			emilie		e market	
	ver now trans	Berry Mage			negation costs	
byterii ohre Ha			2502-11-51			
- 12 ft 3/		AE PENURU AE-rei vorus AE-rei vorus	F 42 (4)			
	×					
- 52 14	graff -	27 42	-10/2	· .		
		J.	N 46	2777	Ser Serve	
insignal bracel			a double	identella Nord Lindy John		

						OF MARYLA					
F	FOR STATE REGIST	DAD		DEPAI		EALTH AND M ICATE OF DI	IENTAL HYGIEI EATH	6 12		0 8	0 1
203252	I. DECEASED			MIDDLE	ı	AST		n. DATÉ OF DEATH		DAY YEAR	26 HOUR
EUSEDE	(TYPE OR PRINT)	DAVID	A CULTE		WHIT	MHN			7 16	185	520 am
and the control of th	1 SEX	1 ALE	4 RACE	HITE	5 DATE C	DAY	YEAR 4		77 YRS.	IF UNDER TYEAR	HOURS MIN.
	MARY LA	NO SIA	76 CITIZEN OF	NSA	MARRIEI WIDOWE	DE DIV	ARRIED 9	BALTIMORE CITY	OR COUNTY	OF DEATH	MD
1 1 42	10 CITY OF TO	UN OF DEATH LTIMORE		HOSPITAL, NUR THE FACILITY GIVE STE TO A A	EET ADDRESS)	HOSPITA	L	PROPRIE	TOR	GEN.	
tilled in	USUAL RESID	ENCE (IF NURSING HOME OR 13b. 50 JUL)	OTHER INSTITUTION	BALTIM	NWC			SIREET ADDRES	ZIP ESDE	#21: VVEV	
11/13	4. FATHER'S		MIDDLE	WHITM		Ś	MAIDEN NAME SARAH	WIDDIE		KNOWN LAST	
(B)		EASED EVER IN U.S. AR UNKNOWN) {IF YES, GIV	MED FORCES?	2/6-32	- 9349	17 INFORMAN 3603	MRS GARDENV	. EDITHOW IEW RD.	MATMAN BALTO		21208
the requires that the Seath cer been signed by the attending mit. Then please sencers carbo prior to burial, cremation, arranger, or other traumatic.	gave cause under	ions, if ony, which rise to immediate (a), stating the ying cause last. OTHER SIGNIFICANT C	DUE TO, O	R AS A CONSECUTION FOR WHI	QUENCE OF		TO THE TERMIN	AL DISEASE OR CC	20b. IF YES.	, WERE FINDIN	GS USED
A S S S S S S S S S S S S S S S S S S S	ERTHFI	CIDENT WAS UNDERLYING	7 216. TIME O	E INT II IDV		121/ HOW IN I	IIIPY OCCUPRE	YES NO	YES	YING CAUSES (NO [
NG PHYSICIAN otherchis physics free this sertifical as the buriol-tro in ond Mentol the private or term 18	OR CON	TRIBUTING CAUSE OF DEA TER, NOTIFY MEDICAL EXAMINER URY OCCURRED NOT WHILE	HOUR A. P. 21e. PLACE	M. MONTH M.	19	211 LOCATIO STREET		CITY OR		COUNTY	STATE
AL DIRECTOR A TITENDIA AL DIRECTOR A Freshed for use the Dept of Head	501	the deceased alive an over, (I) (we) (did) (did no over, U) (we) (did) (7/10	1 19	, 01	DEGREE AT	TTENDING	medical ST	TAFF		
O HOSPITA TO FUNERA AND TO FUNERA WORT AND	234 PH	2019	0, 6	Roff		7903	Brook	fod cin	cle F.	kenil	leno me
BP	(SMC#1)E	URIAL	JULY 1	5,1985	ANSHE	EMUNAH	REMATORY	23d LOCATION CITY OF LOWN BALTIM	ORE	comARYL	ANDSTATE
DHMH - 16 50M 4/83 (VRA 15, 4)	NAM	REISTERSTON		BALTO.	MD 2	21215	25a. DATE R	1 8 1985		RAR'S SIGNATU	

Miller T. Haller Level & Hamister & Court the to carlow the formation of the thinker Court of the court

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	- 1	14	12	414
2		7	O	7
REG. NO.				

		REGISTRAR		CE	RTIFICATE OF D	EATH	REG. NO.	1 10	1 60			
8		CEASED NAME FIRST	A	AIDDLE	LAST		20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR			
1	Million	MAE		М.	WHITTING	ION	July	06, 85	0300p			
	3,562	X	4 RACE	5. D	ATE OF BIRTH		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS	IF UNDER 24 HRS			
	0.5	FEMALE	WHI	TE	9 3	02	82 YR		MIN.			
		ATHPLACE ISTATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY? 8.	ARRIED NEVER M		9 BALTIMORE CITY OR COU					
2		OHIO	U.S.			ORCED [Baltimore Ci	tre	MD.			
,	10 CI	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING HO	OME OR OTHER INST	TUTION	120. USUAL OCCUPATION	126. KIND O	F BUSINESS OR			
0]	Baltimore		Agnes Hosp			HOMEMAKER					
10	JSUA	AL RESIDENCE HE NURSING HO	ME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMIT	SSION)	COTIANI L VI	13e.STREET ADDRESS / ZIP CODE					
5	PCC-VIII)	MARYLAND	OOMIT	BALTIMORE	YES T	NO []	34 SOUTH CARROLLTON AVE. 21					
	14. FA	ATHER'S NAME	WIDDLE	LAST	15. MOTHER'S	MAIDEN NA		LAS				
0		ROY	MIDDLE	CRADEN	Ai	MIDDLE	4710	BURN				
1		VAS DECEASED EVER IN U.S	ARMED FORCES?	166 SOCIAL SECURITY			ADDRESS		1223			
	(1	NO (IF TE	S. GIVE WAR OR DATES	286-13-5076	VIOLET	M. GRI	EENE 34 SOUTH C					
		18 CAUSE OF DEATH (Ente	BETWEEN	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH								
	100	PART I. DEATH WAS CA										
				THE								
		Conditions, if any, which										
		gove rise to immediate cause (a), stating the										
		underlying cause last		R AS ACONSEQUENCE		casi	rovasculord	Island				
7		PART 2 OTHER SIGNIFICA	NT CONDITIONS CO	NTRIBUTING TO DEAT	H BUT NOT RELATED	TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART THE	7			
	CERTIFICATION											
69	CAT	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH OPE	RATION WAS PERFO	RWED	200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH					
6	E							YES NO YES NO				
	CEN	210. ACCIDENT WAS UNDERLYING	110110	FINJURY M. MONTH DAY	YEAR 210 HOW IN.	RED (ENTER NATURE OF INJURY IN ITEM	18 PART OR PART 2)					
1	CAL	OR CONTRIBUTING CAUSE C	A DEATH		19							
£	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY EET, FACTORY, OFFICE, FARM, E	211 LOCATIO	N	CITY OR TOWN	COUNTY	STATE			
	2	AT WORK	l (Al BOME, SIR	LLI, FACIONI, OFFICE, FARM, E	1/	0.1	71,	C ~				
N		22a I certify that (I) (this h	ospital) attended th	deceased from	8	1927		19	that (I) (we) last			
		sow the deceased aliv above, (I) (we) (did) (di	e on	ofter death.	, and that in (my)	aur) apinion	death occurred an the date and	hour and from the	causes stated			
		226. SIGNATURE	0100		DEGREE	TENDING	MEDICAL STAFF	22c. DA E	SIGNED			
	-3	, John	0 9.	7 /85								
1	-	PHYSICIAN DIRECTOR PHYSICIAN 226 ADDRESS 226 ADDRESS										
1		10HN.L	LAUFRY		ST NO	ines !	Hospital, Do	eltimore	My.			
		BURIAL, CREMATION, REMO	VAL 236. DATE	23c NAME	OF CEMETERY OR C	REMATORY	23d. LOCATION		,			
	(BURIAL	7/9/8	5 NEW	CATHEDRAL	CEM.	BALTIMORE	COUNTY	ARYT AND			
	24 FL	UNERAL DIRECTOR	, , , ,	ADDRESS	21229		E REC'D. BY REGISTRAR 256. REC					

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

rius e de la constitue de la c

TYPE OR PRINT)

STATE OF MARYLAND

S. DATE OF BIRTH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

WIEDERELD

1	ÀTE.		9
0	RECTNO.	1	1

07

24

2a DATE OF DEATH

& AGE IN YEARS LAST BIRTHDAY

	13	-	- 19	
	7	Ö	7	9
-		-		_

85

IF UNDER LYEAR

in wairdson-Pandalle

	D AND	1	0
1	ars of	-	
	2 900		4
ļ	4		de.
	10.00		4
4	F. F. IN	ij	8
CONTRACT CIVE CITY OF THE CONTRACT OF THE CONT	Should be filed with ACC hours after a	A	IMPORTANT: If Item 21 is morked or Item 18 shows any injury, ar other troumatic event, the medical minim or mentional indications.
þ	Š	4	1
	pun	6	Æ,
2	ges 1		dical
	rs. Po		E THE
112	adoc	ovol.	ent, #
2	-bon	r rem	ic eve
5	oo e	on, o	umot
0	emo	mati	er tro
2	ose	ol, cre	r othe
Billion	ald na	burie	ry, a
0 000	t. The	or to	y inju
2	Dermi	ne pri	ws an
010	ansit j	lygie	3 sho
THE PERSON	ol-tre	ntol F	em 1
0 000	e bur	d Me	lor It
1011	os th	thon	orked
2	r use	Heo	is m
1	ed to	ot of	em 2
1 010	toch	e De	# H
SERV	should be detached far use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 14	with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.	TANT
0	pinou	ith th	POR
-	50	*	₹.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

	of the fig	PERSONAL PROPERTY.	1	BP
(emplered filled is	should be detoched for use as the buriof-transit permit. Then please remove carbon papers. Pages 1 and 24 han dibertify	2	IMPORTANT; If Hem 21 is morked or Hem 18 shows any injury, or other troumotic event, the medical committee in the second contraction of the second c
	TO FUNERAL DIRECTOR After this certificate has been signed by the ottending physician and compilered	papers. Pages 1	ovol.	ent, the medical
	the ottending p	remove carbon	with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.	er troumotic eve
	een signed by I	it. Then please	ior to buriol, cre	y injury, ar othe
	ertificate hos b	of-transit perm	ntal Hygiene pr	em 18 shows ar
	R After this ce	use os the burn	Health and Me	is morked or It
1	ERAL DIRECTO	e detoched for	State Dept of t	ANT: If Hem 21
P	TO FUN	should by	with the	IMPORTA

	1	MALE	L	SHITE	MONTH 12	JAY JY	13 · .	71 YRS. VAN DAYS HOURS MIN.				
35	I	Maryland	76. CITIZEN OF USA	what country?	8. MARRIEI WIDOWE		MARRIED	9 BALTIMORE CITY O	R COUNTY O		5 MD.	
K	PC	BALTIMORE		HOSPITAL, NURSING HEACILITY, GIVE STREET A	DDRESS)		HOSPITA	Type of work for most of Funeral			F BUSINESS OR Funeral	
处	M M			IS CITY OR TOWN	admission)	YES 🗌		205 E	ZIP CODE Joppa F	Rd	21204	
103	1	Edward A. Wi		LAST				O'Brien MIDDLE		LAST		
S. Poges		NAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN] (IF YES, GIV	MED FORCES? E WAR OR DATES!	22005	0.0	Eve	r informant ADDRESS Eve R. Wiedefeld Same					
emovol.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	ly one couse per D BY: E CAUSE (b)	line for 10), (b), one Acute		cardin pulmonary arrest						
hen please remove carb o buriol, cremation, or jury, ar other troumotic	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	(b) DUE TO, O	R AS A CONSEQUE	NCE OF		heric D TO THE TERMI		DITION GIVEN	IN PART To	3	
ene priori	CERTIFICATION	19a date of operation	196 COND	196 CONDITION FOR WHICH OPERATION			ORMED	200 AUTOPSY? 206. IF YES IN CERTIF		S, WERE FINDINGS USED FYING CAUSES OF DEATH?		
iol-transition into Hygin tem 18 sh		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.	FINJURY M. MONTH DA M.	Y YEAR	21c HOW I	NJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2)		
s the bur h and Me riked or II	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, FA	NRM, ETC)	211_LOCAT		CITY OR TO	WN	COUNTY	STATE	
far use of Healt		220.1 certify that () (this haspe sow the deceased alive an above, (1) (we) (did) (did, no	112	19	35	d that in (m)	19	to 7/7	te and hour a		that W (we) lost couses stated	
detoched bte Dept VI; If Herr		22b. SIGNATURE	eli a	Julio.		DEGREE		MEDICAL STAI DIRECTOR PHYSIC	F IANA	22c. DATE :	24 (85	
should be de with the Stort		278. PHYSICIAN'S NAME (TYPE O	RPRINT) WIN	YEO		22e ADDRE	SS	AMARITA		02017	TAL	
. 10 3 ≤ ₹	23a. l	BURIAL, CREMATION, REMOVAL Entombment	July 2:			EMETERY OF	CREMATORY	23d LOCATION CITY OR TOWN Parkville	, Balti	Lmore (Co., Md.	

FUNERAL DIRECTOR 6500 York Rd. Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

LISTON

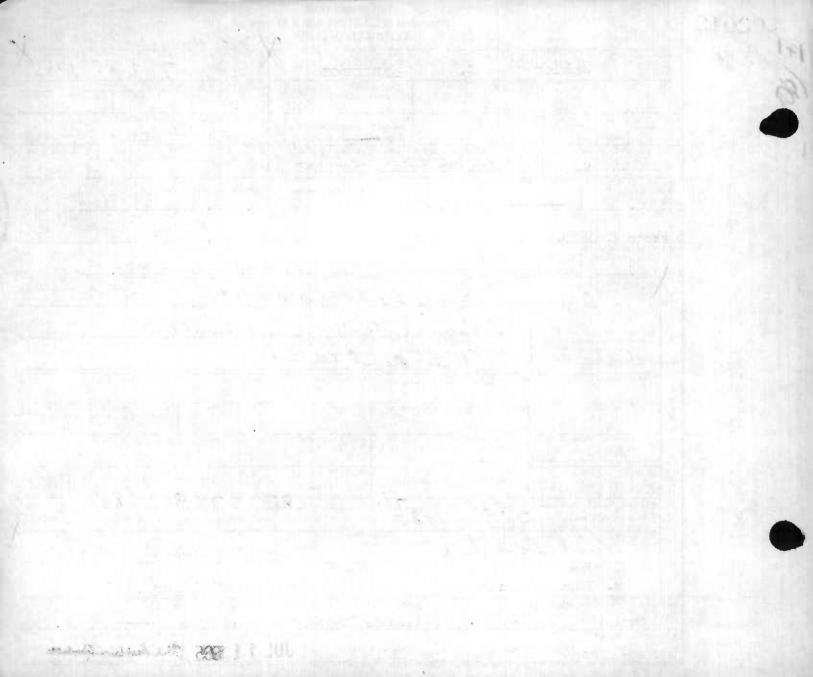
JAMES

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

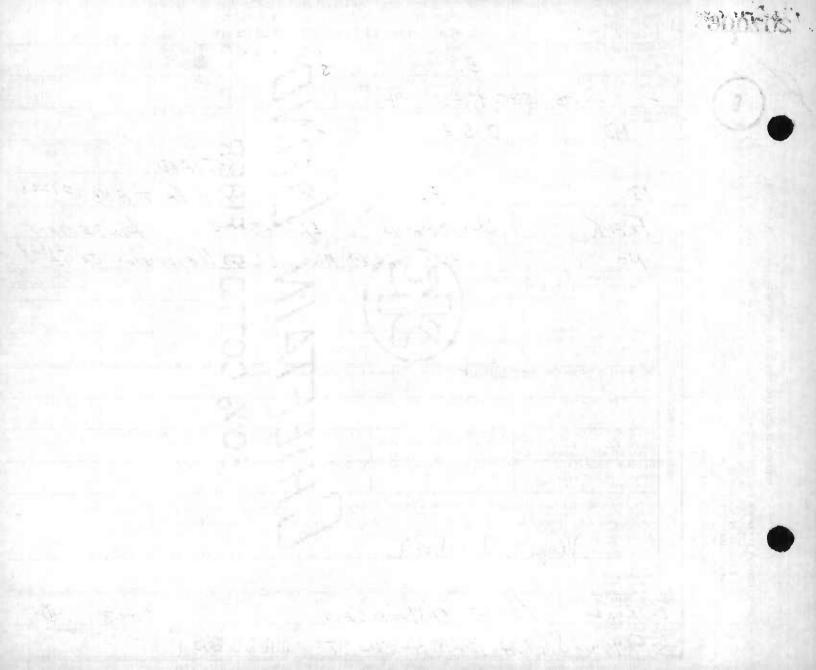
DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

TRINES METER PEREFELD



	/	1				SIAII	OF MARYLAN	ID				
207	AAA	11-	FOR STATE		DEPAR	MENT OF H	EALTH AND ME	ENTAL HYGI	ENE			
AU I	000	1.	REGISTRAR		MEDICAL	EXAMINE	R'S CERTIFIC	CATE OF D	EATH REG.	NA O	0 0	la m
	/	1 DE	CEASED NAME	FIRST	WIDDLE				REG.		DAY YEAR	Part Court
			E OR PRINT)		-		Wil	ESSNEX	OF ESTI-		DAY YEAR	2b. HOUR
/	Nam 2r			Anna	£.		Wiesmer		OF ESTI-	XX 7_1	9 1985	M
//	20038	3. SEX	4. RA		DATE OF BIRTH	6. AGE (IN YEAR		IF UNDER 24 HI	RS. 2c. DATE	MONTH	DAY YEAR	2d HOUR
4 1	W Common		1.7	11	MONTH DAY YEAR	LAST BIRTHDAY	MONTHS DAYS	HOURS MIN	PRONOUNCED			17.15
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAU. TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AF EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN 11EM 1B. GIV	2425		+ W	4ITE S	EPT. 9, 1900	84YRS			DEAD	7-2	0 1,85	a. M
	33.50		RTHPLACE (STATE OF	R 76	. OTIZEN OF WHAT COU	NTRY? 8	MARRIED NEV	(ED 14 ABBIED [9 BALTIMORE CITY	Y OR COUNTY	OF DEATH	
	地方を表フィ	FC	REIGN COUNTRY)		12 (1		WIDOWED A	DIVORCED (- 0/1		
	Zzin	1	IND.		D.3.4.				□ Baltimor			MD.
	世間四日の人	10. 0	TY OR TOWN OF DI	EAIH	LIF NOT IN SUCH FACILITY GIVE	STREET ADDRESS)	OR OTHER INSTITUT	TION 120	USUAL OCCUPATION (TYPE OF WORK	OR INDUST	
	ALAE CO		Baltimore		3139 Fait	Avenue	2/22	4	RETIGED			``
	- SOBITE	USU			THER INSTITUTION, GIVE RESIDENCE			-	1-1110			
201	≥94502 C	13a. S	TATE	136. COUNTY	13c. CIT	OR TOWN	13d INSIDE CI	TY LIMITS? 13e	STREET ADDRESS		- 21	22K
	女を だら かっ	1	MD.		1	ALTO.	YES	NO 🗌	3/39 M	TAVE	=	
8	AZS.3.2.	14. F	THER'S NAME	,	- 1		15 MOTHE	R'S MAIDEN NA	AME			
	AN SON		FRANK	N	IDDLE 11)	LAST	p-1	RST TAR	- TII MIDDLE	1	LAST	. \
8	775		KAPI		O'E I DI	MACO	NO. 17. INFORM	1 LAIDE	-/ H	FINI	DEPTA	N
<u>š</u>	PACE PACE ON O	10a. Y	VAS DECEASED EVE	(IF YES, GIVE WAR	O FORCES?	CIAL SECURITY	NO. IV. INFORM	IANI	ADDRE	:55	21	224
5	E SE		No		212	-157-62	16-1 Miss	Lillin	w ILKIDA	TANK O	SAME	- (
2	S S S S S S S S S S S S S S S S S S S		18. CAUSE OF DEA	ATH /Enter only o	ne couse per line for (a), (l	1	02111130	Par Luit	1- 000.21	1	APPROXIMATE	INTERVAL
15	DO SE		PART I DEATH						-	-	BETWEEN ONSET	
Z	A E E E E E			IMMEDIATE C	AUSE (o) Arteri	osclerot	ic Cardio	ovascula	r Disease			
. 51	WITHIN 24 HOU ENCIL IN ITEM 16 MINER ALONG I TRANSIT PERMIT ENTAL HYGIENE, OR REMOVAL.		D		DUE TO, OR AS A CO	NSEQUENCE OF						
ec .	ELSSE E		Canditians, if									
	A A A A A A		gave rise to cause (a) statis		(b)							
-			lying cause los		DUE TO, OR AS A CO	N2FOUENCE OF						
20) BE EXECUTED WITHIN ENDING" IN PENCIL IN WEDICAL EXAMINER A AS A BURIAL - TRANSIT AITH AND MENTAL HY CREMATION, OR REMCHANDER.	123			(c)							
DS	AABABAB		PART 2 OTHER SIGNIFICA	ANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT RE	ATED TO THE TERMIN	AL DISEASE DR CONDITION	GIVEN IN PART 1 in				
ŏ	HOULD BE EXECTED WITH THE MEDICAL USED AS A BU OF HEALTH AN INFL. CREMAT	Z										
EC		CERTIFICATION	19a, DATE OF OPER	A TION	Tin commissions							
7	A FEBRE	5	190. DATE OF OPER	KATION	19b. CONDITION FOR	WHICH OPERA	I ION WAS PERFOR	MED?	200		20 AUTOPSY?	,
È	SHOUL VORD "P CHIEF BE USED NT OF HI BURIAL,	E									YES 🗌	NO X
~	THE OF TH	# H	21a EXTERNAL CA	USEWAS	216. TIME OF INJURY		21c HOW INJURY	OCCURRED (EN	ITER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2		35
0	SHERE A		UNDERLYING		HOUR A.M. MONTH	H DAY YEAR						
ō	EPS SAG	1 2	CONTRIBUTING	-2		19						
SIS	THIS CERTIFICATE SH. WRANDED TO THE CHANGE 3 SHOULD BE TARE DEPARTMENT OF THE CHANGE SHOULD BE TARE DEPARTMENT OF THE CHANGE TO BUILD FRIOR FRIOR TO BUILD FRIOR	MEDICAL	21d. INJURY OCCU	RRED	21e PLACE OF INJUR STREET, FACTORY, FARM,	Y (AT HOME,	21f LOCATION STREET					
ō	SI S	×	WHILE NO	T WHILE	STREET, PACTORY, PARM,	EIC.)	SIMEEL		CITY OR TOWN	COUNT	Y	STATE
	HANA A FE		AT WORK AT	WORK								
	SE S		220 certify tho	t I taak charge o	f the remains described ob	ave, held on	Autopsy,	Inspection	, Inquiry XX	and in my opini	on	
	ZOE STEA		death resulted fro	m. Metural	ouses X, Accident	Suici	de . Homici		determined monner	1		
	SEE		dedili resolica iro	A d	at Accident	L, 3010			determined monner	٦,		
	X 8 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		ACTUAL	Moun	or the all		TITLE (SF	PECIFY)		DATE		
	독류古목보의 -	4	SIGNATURE	Introduction	re uncon	Mell	M.D.ASSIS	stant^	MEDICAL EXAMINER	DATE SIGNED_	7-20-8	5
	SEE SEE		CIDOUS TO									
	#5# 5 #5#€	-	EXAMINER'S NAM (TYPE OR PRINT)	E Marg	arita A. Kor	ell, M.I	ADDRESS_	lll Per	n St., Balt	co., Md.	2120	1
	ON A OF A -	22a B	JEJAL, CREMATION,				ADDRESS_	TAA T	LOCATION			==
	- W C - C C	230 8	RPCIFY) # -		7 22 C	NAME OF CEME	TERY OR CREMATO	230	CITY OR TOWN	COUNTY	135	ATE.
	BP	1	DORIAL		-23-85 Q	TKLAWN	CEM.			DALTO	· Me)-
25M	DHMH - 17	24 F	JNERAL DIRECTOR	011		, (2	50. DATE REC'D	BY REGISTRAR 256 RE	GISTRAR'S SIGI	Moundable	,
	(VR A15 ME (5))	14	To FATAIL	1-0 KA	2011 3218	HUDER	1) 57:	1111 2	3 1985 Julia	Jour large.		
	,	1	11/1/1/1	0/11/1	11 -110	11 000	- 01	0000	0 1000			

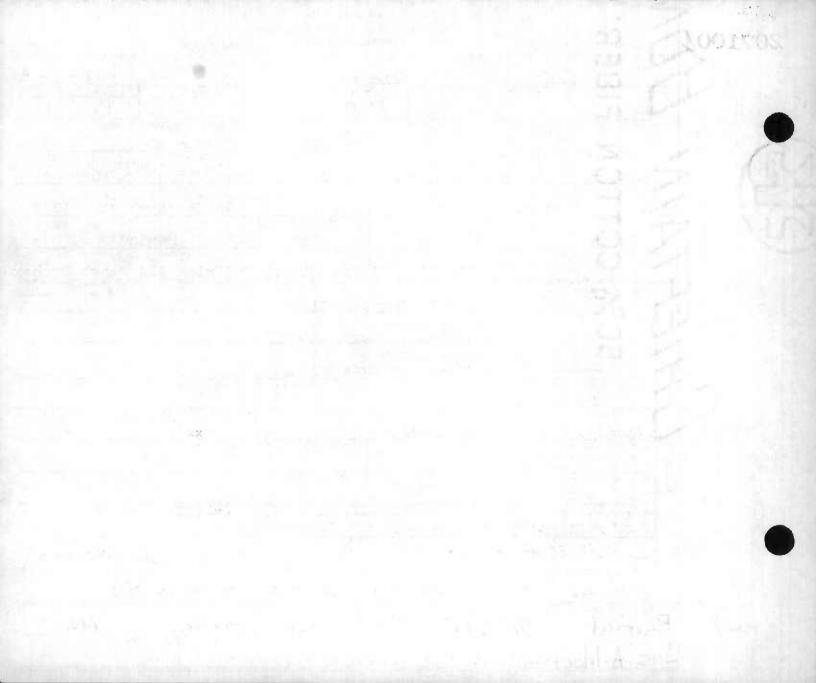


DHMH - 16 60M 2/84 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND

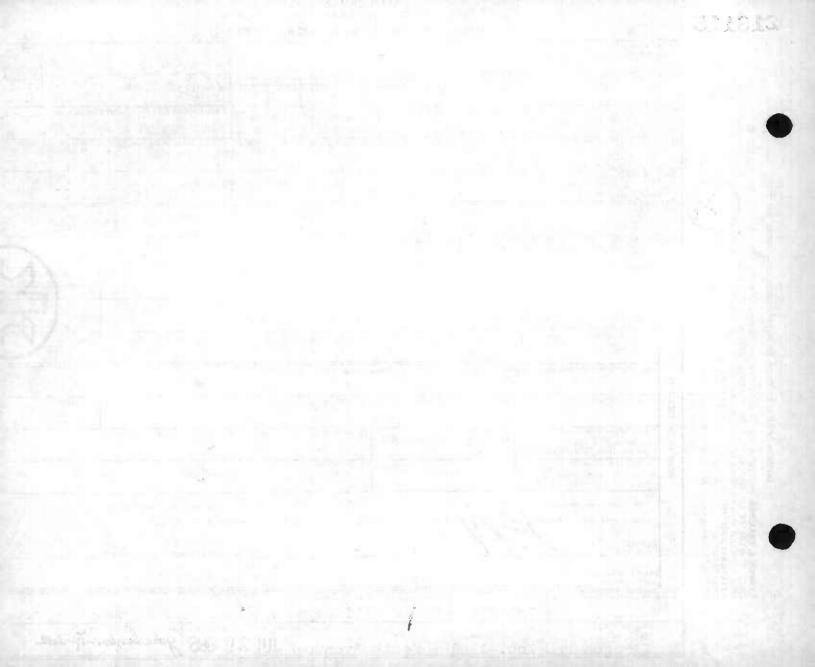
STATE OF MARYLAND

1	4-	FOR STATE REGISTRAR			DEPAI		EALTH AND	MENTAL HYG DEATH	IENE 8	ig. No.	i	9 8	9	6
		CEASED NAME	FIRST		MIDDLE	1	AST		20. DATE OF DE	M HTA	ONTH I	DAY YEAR	26 HOU	R
			Ethel			Wilki	nson		July		20,	1985	10:0	7 A
	3. SE			4. RACE		5. DATE C		YE AR	6 AGE (IN YEARS	LAST BIRTH		IF UNDER I YEAR	IF UNDER	24 HRS
		emale		Black	2	9/	6/189	9	85		YRS			141174
2	7a Bi	RTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTR	RY? 8	NEVER	MARRIED -	9 BALTIMORE	ITY OR	COUNTY	OF DEATH		
1	- 2	Va.		U.S.	.A.	WIDOWE		IVORCED	Baltin	MD.				
)0 C	ITY OR TOWN OF DEA	ATH		HOSPITAL, NUR		R OTHER INS	NOITUTION	120 USUAL OCCUPATION 126 KIND OF 8					SSOR
1		Baltimore	/	Maryl	and Gen	eral Ho	spital		Housewife Home					
2		AL RESIDENCE (IF NURS	Balt		13c. CITY OR TO	NWC	13d INSIDE (CITY LIMITS?						22
00	_	ATHER'S NAME	1 300		-	220	-	S MAIDEN NAM	ME		J GII CI			
30	1	James		Lev	vis IAST			Mary	MI	DDIE	Iond a	av IA	jT.	
1		VAS DECEASED EVER			166 SOCIAL SE	CURITY NO	17 INFORM			ADDRES		~1		
1	-	YES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	213 0	7 0071	Mrs.	Angel	Jeffr:	Les	814	Peach	ore	char
	NO	Conditions, if ony, gove rise to improve to improve to improve to improve to improve to the course to improve to improve to improve to improve to improve to improve the course	/AS CAUSE IMMEDIAT , which mediate ng the lost	DUE TO, O	Cardio R AS A CONSEC Conges R AS A CONSEC Renal ONTRIBUTING T	pulmona QUENCE OF Etive He DUENCE OF Insuffi	eart Fa	ailure	INAL DISEASE OF	COND	ITION GIV		OMSET AND	DEATH
1	ATIC	19a DATE OF OPERA			ITION FOR WHI	CH OPERATION	N WAS PERFO	DRMED	200 AUTOPSY	?	20b. IF YES	, WERE FINDI	NGS USEI)
L	F	June 24,	1985		Sacral	III ser			YES T NO	xx		YING CAUSES	OF DEAT	
1	CAL CERTIFICATION	210. ACCIDENT WAS UNI	CAUSE OF DEA	216. TIME C HOUR A.	M. MONTH		21c. HOW I	NJURY OCCURR	ED (ENTER NATURE					
	MEDICAL	21d INJURY OCCUR	406	21e PLACE (AT HOME STI	OF INJURY REET, FACTORY, OFFIC	CE FARM ETC)	211 LOCATI		CIT	Y OR TOWN	Ν	COUNTY	S	TATE
		270 I certify that III	(this hospi	tal) attended the	e deceased from		d that in Oxy		death accurred an	the date	e and hou			
1		22d. PHYSIC/AN'S NA	AME (TYPE O	R PRINT)			22e ADDRES		Jameston					
		MICHAE	ZK	0551	NI JA	e ms	c/0	Maryla	nd Gener	al I	Hospi	tal		
	B	BURIAL, CREMATION, PECIFY) UNERAL DIRECTOR	REMOVAL	7/24	185	M+	Calv.	ARY VISO DATE	23d. LOCATIO BITY OR TO REC'D. BY REGIS	To. ,	b, REGISTI	COUNTY M	Q.	TATE
	11-	NAME	-1-	1115	ADDRES	5 /	C				61. 1	1	moles	0_

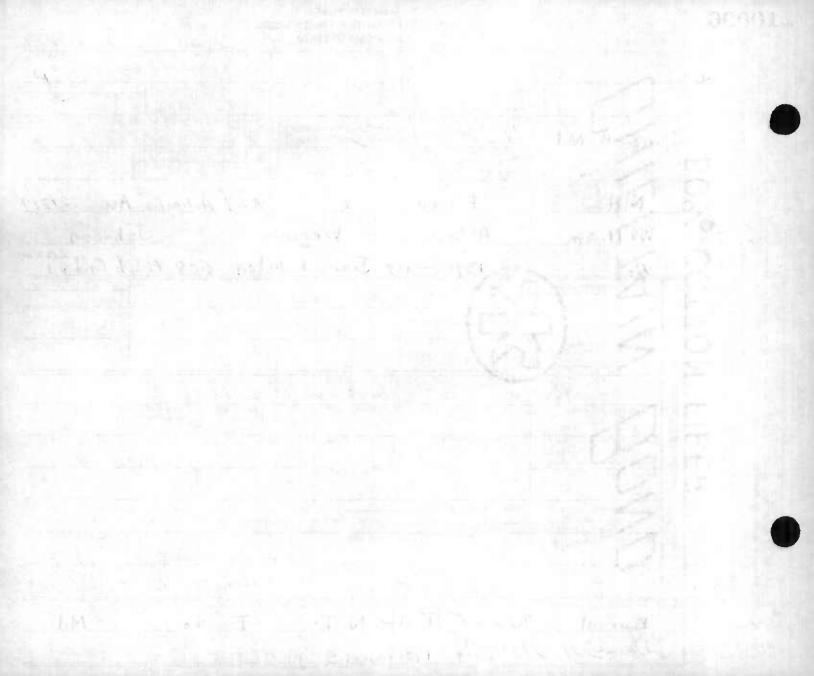


STATE OF MARYLAND 210223 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR RES. NO I. DECEASED NAME (TYPE OR PRINT) au 4. RACE & AGE LIN YEARS LAST BIRTHDA IF UNDER I YEAR IF UNDER 24 HRS 3. SEX male 23 BALTIMORE CITY OR COUNTY OF DEATH TE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Ralt 7 MITT WIDOWED DIVORCED [NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BI SINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Purchasing Agent Nelson Co. JOUAL RESIDENCE (IF NUI OME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE A 130 STATE 13c CITY OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Maryland Baltimore Dundalk 7510 Ives Lane 21222 YES T NO X 15. MOTHER'S MAIDEN NAME FATHER'S NAME MIDDLE LAST MIDDLE Earl L. Willhite Elizabeth Mueller 17. INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) 216-16-2324 Katherine A. Willhite Same as 13e Yes WW II APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and post moccine MI PART I. DEATH WAS CAUSED BY 6-12-85 IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (0), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F NO YES [210 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 P.M 211. LOCATION č 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from. sow the deceased plive on abave, (I) (we) (did) (did not) view the body after death. and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF should be deta PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e. ADDRESS 230 BURIAL, CREMATION, REMOVAL 23b. DATE 231. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) CITY OR TOWN COUNTY 7/23/1985 Garrison Forest Owings Mills Maryland Burial 24 FUNERAL DIRECTOR Duda-Ruck, Inc. BY REGISTRARIOSE REGISTRAR'S SIGNATURE DHMH-16 30M 2/80 ADDRESS 25 1985 toka Davidson (VRA 15, 4) 7922 Wise Avenue Dundalk, Maryland 21222

						MARYLA						
5 1	FOR STATE				ENT OF HEAL							
	REGISTRA		WED	MIDDLE	XAMINER'S	CERTIFIC	CATEOF	- U	REG. NO	9	3 4	Ö
	TYPE OR PRINT)	AME		WIDDLE		LASI		OF	ESTI-		DAY YEAR	26. HOU
2.0	FV	Alfons I4. RACE	S. DATE OF BIRTH	M.		Villian			MATED [7/	26/19 85	
3. 5			MONTH DAY	YEAR	LAST BIRTHDAY) MO	NTHS DAYS	HOURS M	IN PRONOU	NCED	7/1		7:53
_	male	black	1 20	85	YRS. 6			DEAL			26/ 1985	A
	BIRTHPLACE FOREIGN COUNT	RY)	76. CITIZEN OF WHA		RY? 8. MAI	RED NE	VER MARRIED	A	ORE CITY OR			
	aryla	and the same of th	U.S.A.			WED -	DIVORCED		ltimore			M
	В	altimore		altim	et address) ore Gene			FOR MOST OF WO		F WORK	OR INDUS	TRY
Ua	ual RESIDEN STATE Maryl	I'm COUNT	R OTHER INSTITUTION, GIVE IY	13c CITY C		13d INSIDE (NO [street addr 3514 Ro	ound Ro	oad	21225	
14.	FATHER'S NA	AME	MIDDLE	IA	C7		ER'S MAIDEN I	NAME	AIDDLE		LAST	
-	Carl		Ke	enned	ly	Th	eresa		The second second	Wil	lliams	
60	WAS DECEA	SED EVER IN U.S. ARA	MED FORCES?	16b. SOCI	AL SECURITY NO.	17 INFOR			ADDRESS			
	NO	, (4, 65, 57,		N/	'A	The	resa V	Willian	ns 351	4 Rc	ound R	oad
	18 CAUS	E OF DEATH (Enter onl	y ane cause per line f	ar (a), (b), (and (c).)						APPROXIMA BETWEEN ONS	TE INTERVAL
	PARI	PARTI DEATH WAS CAUSED BY: Sudden Infant Death Syndrome										100
		DUE TO, OR AS A CONSEQUENCE OF										
		Canditions, if any, which gave rise to immediate (b)										
		(a) stating the <u>under</u> - cause last.	DUE TO, OR A	S A CONS	EQUENCE OF							
N		ER SIGNIFICANT CONDITIONS O	CONTRIBUTING TO GEATH BY	JT NOT RELATE	D TO THE TERMINAL DIS	ASE OR CONDITIE	ON GIVEN IN PART 1	(0).				
ATIO	190 DATE	OF OPERATION	196. CONDITI	ON FOR W	HICH OPERATION	WAS PERFOR	RMED?				ZD AUTOPSY	(?
JEIC											YES X	NO [
AL CEBTIEICATION		RNAL CAUSE WAS ING OR UTING CAUSE OF D	21b. TIME OF HOUR A.M.		DAY YEAR	HOW INJURY	OCCURRED	ENTER NATURE OF IN	JURY IN ITEM 18 PAR	RT 1 OR PART		140 [
MENCAL	71d IN IUI	RY OCCURRED	21e PLACE O	FINJURY	19 (AT HOME, 21f.	OCATION						
244	WHILE AT WOR	NOT WHILE	STREET, FACTO	PRY, FARM, ETC	.)	STREET		CITY OR TO	WN	COUN	чтү	STATE
	22a. l c	ertify that I took charge	e of the remains descr	ribed abave	e, held on <u>Aut</u>	DDSY XX	Inspection	, Inquiry	ond	in my opir	nion	
	death re	sulted fram: Natur	ol Juens X	ecident	, Suicide [, Homi	cide .	Undetermined m	anner .			
	ACTUAL	1	TYV				SPECIFY)			DATE	7/20	/OF
	SIGNATU	RE	111			M.D. AS	sistant	MEDICAL EXAM	MINER	DATE	7/26/	85
	(TYPE OR		ory R. Kai			ADDRESS_		Penn St				
	(SPECIFY)	MATION, REMOVAL 2			ME OF CEMETERY		ORY	23d LOCATION		COUNT		STATE
	BURIA		7/29/85	Ce	dar Hil	1 Cem						Md.
	FUNERAL DI		ADDRESS		•	4.74	1111	C'D. BY REGISTRA	1.2.			00
W	m C M	arch F/H	Inc. 110	01 E	North A	venue	JUL	29 1985	9	140		



DHMH - 16 60M 7/B4 (VRA 15, 4) 250. DATE REC'D. BY REGISTRAR



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 210128 CERTIFICATE OF DEATH REGISTRAR 20. DATE OF DEATH DECEASED NAME TYPE CHEPANAL T. FLF.X MONTH YEAR Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED | MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY. Milmon acco IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 200 AUTOPSY? 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF 21g. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY OFFICE, FARM ETC.) NOT WHILE 22a I certify that (I) (this haspital) attended the deceased from. 19 85 sow the deceased alive on_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body after death 226 SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 7-200 RA 230 BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY DHMH - 16 60M 7/84

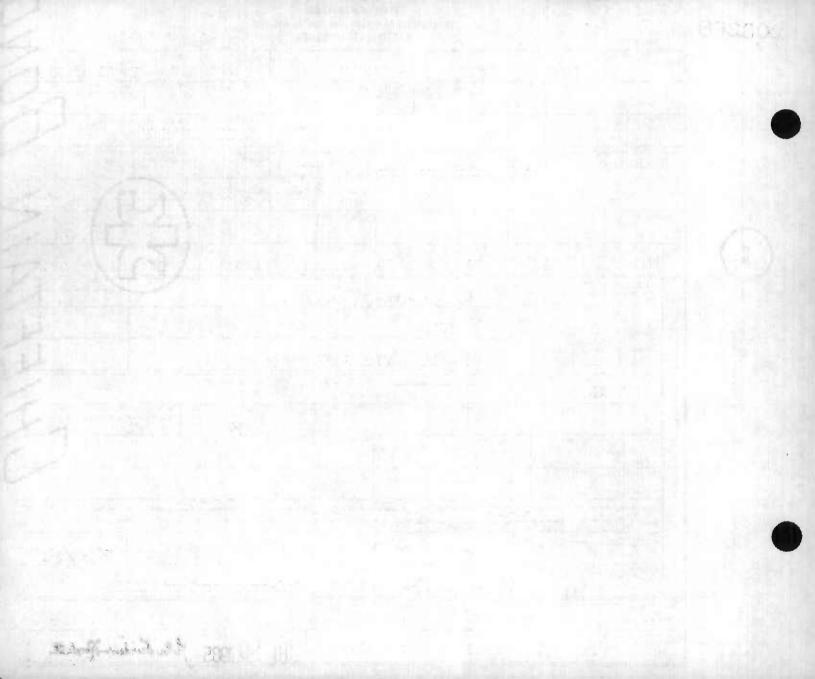
(VRA 15, 4)

Election throw willing the many through Femal Part of the State of Sta The transfer of the second second second and motion is not the first that The same of the sa COMMENT TO STATE OF S LI CONTROL BELLE EXCUSATES CENTREST AND THE STREET SECTION AND ASSESSMENT OF THE PARTY OF THE PROPERTY OF THE PARTY OF THE

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

203268	1-	FOR STATE REGISTRAR		DEPARTA	AENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	GIENE 8 RES	20	9	901	
		CEASED NAME FIRST		MIDDLE	L	ast .	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	
may be page 3 rer death		LEON	LEON JOSEPH		WILI	IAMS		7	7 85	7:30 A _M	
ge 4 mo	3. SE	Male	Blac	ζ	5 DATE O		6. AGE (IN YEARS LAST I	BIRTHDAY) YRS	MONTHS DAYS	HOURS MIN.	
nerol dir	7a. BI	RTHPLACE (STATE OR FOREIGN TOUNTRY) Md.	USA WIDOWE 11. NAME OF HOSPITAL, NURSING HOME O VAMC, Baltimore, Mary OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)		WIDOWE		BALTIMORE CITY OR COUNTY OF DEATH			MD.	
by the fur filed with		TY OR TOWN OF DEATH Baltimore				170. USUAL OCCUPATION {TYPE OF WORK FOR MOST OF WORKING LIFE} INDUSTRY)F BUSINESS OR		
filled in hould be	130 5	Md. 136 COUI			ADMISSION)	134 INSIDE CITY LIMITS?	303 N. Denison S			t. 2122	
ith 2 s		THER'S NAME FIRST	WIDDLE	Williams Edna			AME MIDDLE Corni				
6 03	16a. V	VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADD	RESS	COLI	1011	
L HALL	- (Yes (IF YES GI	WAR OR DATES)	215-18-	0860	Margaret	Williams	303	Deniso	n St.	
that the death certificate do by the arrestance cather payers of committee a semantal or other traumatic event, the		18 CAUSE OF DEATH Enter only one couse per line for 101, (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF OAT CELL CARCINOMA OF THE LUNG									
requires	CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 HYPOXIA 196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 1206 AUTOPSY? 1206 IF YES, WERE FINDINGS USED									
no. no. permine primine primin	FICA	196 DATE OF OPERATION	TVB COND	ITION FOR WHICH	OPERATION	N WAS PERFORMED		IN CERTIF	S, WERE FINDII FYING CAUSES ES X 1		
SICIAN: The graph properties of the properties o		710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.	DF INJURY .M. MONTH DA	AY YEAR	214 HOW INJURY OCCUR	RED (ENTER NATURE OF IN		C.87	NO	
NG PHYS	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME ST	OF INJURY REET FACTORY, OFFICE F		211 LOCATION STREET	CITY OR	IOWN	COUNTY	STATE	
270 I certify that (this hospital) attended the deceased from June 28 19.85 to July 7 19.85 and that in (XX(our) opinion death occurred on the date and hour obave, (IXwe) (IXwe) (Idid) (IdiXX view the body after death. 270 I certify that (it is hospital) attended the deceased from June 28 19.85 to July 7 19.80 and that in (XX(our) opinion death occurred on the date and hour obave, (IXwe) (Idid) (IdiXXX view the body after death. 270 I certify that (it is hospital) attended the deceased from June 28 19.85 to July 7 19.80 and that in (XX(our) opinion death occurred on the date and hour obave, (IXwe) (Idid) (IdiXXX view the body after death. 270 I certify that (It is hospital) attended the deceased from June 28 19.85 to July 7 19.80 and that in (XX(our) opinion death occurred on the date and hour obave, (IXwe) (Idid) (IdiXXX view the body after death. 270 I certify that (It is hospital) attended the deceased from June 28 19.85 to July 7 19.80 and that in (XX(our) opinion death occurred on the date and hour obave, (IXwe) (Idid) (IdiXXX view the body after death. 270 I certify that (It is hospital) attended the deceased from June 28 19.85 to July 7 19.80 and that in (XX(our) opinion death occurred on the date and hour obave, (IXwe) (Idid) (IdiXXX view the body after death. 270 I certify that (It is hospital) attended the deceased from July 7 19.85 to								i and from the			
								27c. DATE	SIGNED SIGNED		
TO HOSPITAL retained by th TO FUNERAL should be deter with the State IMPORTANT:		22d PHYSICIAN'S NAME (TYPE C	K.Br	eyma,		VAMC, Baltir		Land 2	21218	,	
		SURIAL, CREMATION, REMOVAL		~		METERY OR CREMATORY	23d LOCATION		COUNTY	STATE	
BP		Cremation UNERAL DIRECTOR	7/10/	/85 W	estv:	iew Mem. Pk	Caton			THE SALE	
DHMH - 16 60M 7/84		Wm March F	/H 1	101 EDRESS N	orth	Ave.	1 0 400C	IN ZAB REGIST	RAR I SIGNAL	The same	



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 204009 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DATE KNOWN X I. DECEASED NAME FIRST (TYPE OR PRINT) OF ESTI-Williams Pauline 15/19 85 4. RACE 6. AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 5. DATE OF BIRTH DATE E FUNERAL DIRECTED, WITHIN 72 H PRONOUNCED Female Black DEAD 19 85 A M 70. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY U. S. A. Baltimore City, WIDOWED DIVORCED Virginia II NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS O CITY OR TOWN OF DEATH N/A Baltimore 4609 Lawn Park Rd. N/A USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Baltimore NO 4609 Lawn Park Road YES X 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE MIDDLE LAST Maggie Jones Jones 17. INFORMANT 168 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) 212-18-9797-A Alice Stith Portsmouth, 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g. CERTIFICATION Diabetes Mellitus 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X DEPARTMENT PRIOR TO BU 71a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 211 LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC) CITY OF TOWN COUNTY STATE 22a I certify that I took charge of the remains described above, held on Autopsy Inspection death resulted from: Homicide ___ Undetermined monner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 7/15/85 SIGNATURE EXAMINER'S NAME STER Gregory R. Kauffman, M.D. 111 Penn St. 230. BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY STATE Burial 7/18/85 Mt. Auburn Cemetary Balt., Md. 07/84 1256 REGISTRAR'S SIGNATURE 25M 250. DATE REC'D. BY REGISTRAR 24 FUNERAL DIRECTOR DHMH - 17 Leroy O. Dyett 4600 Lib. Hghts. Ave. in waydon-Randalle (VR A15 ME (5))

STATE OF MARYLAND

3/10/10/2

Tensie Bleek co.15,1 co 15 f A PARTY and Jones Jones (In all the State Calchernough, Vo. 100 March 1975 - All Loc Sales Francusk, Vo. 100 March 1975

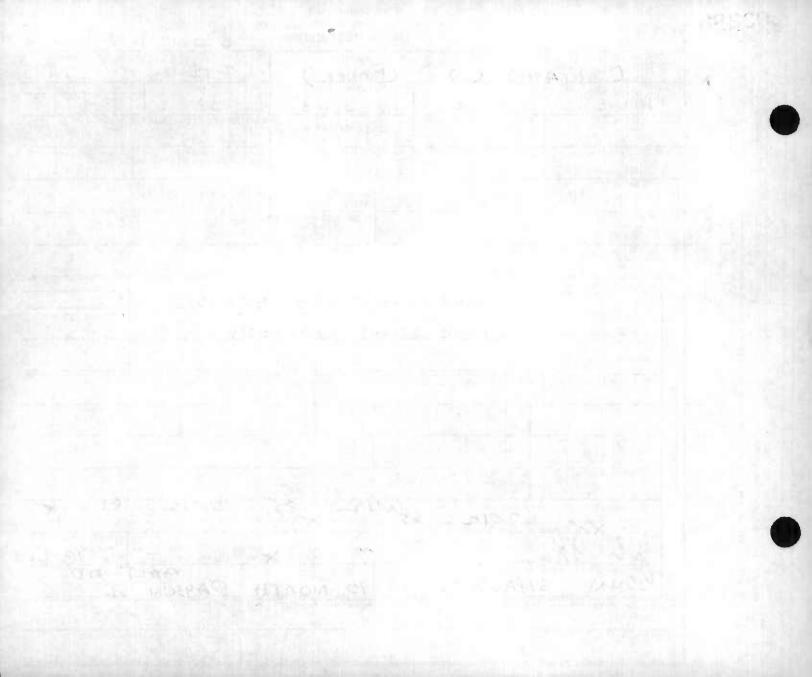
During Triting St. Authors Selectory Selt., Md.

sonot fi

The state of the s

202200	1				STAT	E OF MARYLAND							
c03389	1.	FOR STATE REGISTRAR		DEPAR		ICATE OF DEATH	HYGIENE	15.00	19	0 3			
	1. DE	CEASED NAME FIRS	ROBERT	MIDDLE D.		LAST WILLIAMS	2a DATE OF	REC NO.	DAY YEAR	26. HOUR			
moy be poge 3	(TYPI	((1), // 1	Ams)	(D)	(6	RoberT)	7	-12-85	1	7 PM			
you go	3. SE	х	4. RACE			OF BIRTH	6 AGE (IN	EARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS			
ge 4		MALE	BI	Ack	1a	- 31 . 31		53 YRS	MONTHS: DATS	HOURS MIN.			
2 hours		RTHPLACE (STATE OR FOREIGH	76 CITIZEN OF	WHAT COUNTR	Y? B	MARRIED NEVER MARRIED		9. BALTIMORE CITY OR COUNTY OF DEATH					
deoth Jacoth		N.C.		USA WIDOWED DIVORCED					Baltimore City M				
d with		ITY OR TOWN OF DEATH	(IF NOT IN SU	CH FACILITY, GIVE STR	EET ADDRESS)	AG HOME OR OTHER INSTITUTION		120 USUAL OCCUPATION 126 KINI (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUST					
2 2		altimore AL RESIDENCE (# NURSING HO		Bon Secour Hospital R OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION!									
14 hour led in old be in	13a		OUNTY	130 CITY OR TO	NWC	N 13d. INSIDE CITY LIMITS?							
hin 2 should should be sho	14 Fz	ATHER'S NAME		Baltimon		TE YES NO 15 MOTHER'S MAIDEN NA/		2007 Guilford Ave		218			
1 11700		Maryland	WIDDIE	Lee		Bessie		MIDDLE		liams			
1 17		WAS DECEASED EVER IN U.		166 SOCIAL SE	CURITY NO	17 INFORMANT		ADDRESS	111101110				
11111		YES NO OR UNKNOWN) (IF Y	ES GIVE WAR OR DATES)	216-28-	1602	Bessie Put	tney 11 V	V. 20th St					
6 2 By 1		IS CAUSE OF DEATH (Ent	ALICED DV						BETWEEN	MATE INTERVAL ONSET AND DEATH			
1 1111		IMME	DIATE CAUSE (a)	CARPI	UPUL	MONANY	Ann	1151					
orth in condition of motic				OR AS A CONSEC									
e des mave nation		Conditions, if any, which	le)	IZMO	STAC	il ein	140515		-				
by the ase real.		cause 101, stoting the underlying couse las		OR AS A CONSEC	DUENCE OF								
ned to plea		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								9			
n sig Then Then injun	NO O												
low re sprior reprior	CERTIFICATION	190 DATE OF OPERATION	196 CONE	DITION FOR WHI	CH OPERATIO	N WAS PERFORMED	20a AUTO		S, WERE FINDIN				
The lo	RTIF			05 http://		Tax diameters	YES NO YES NO OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)						
JAN: TI physical infrcate infrcate of Hygin 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE		OF INJURY A.M. MONTH	DAY YEAR	THE HOW INJURY OCC	CURRED (ENTER NA	TURE OF INJURY IN ITEM 18	PART I OR PART 2)				
HYSICIA Iding pl Is certif buriol-t I Mentol	MEDICAL	(IF EITHER NOTIFY MEDICAL EXA		OF INJURY	19	211 LOCATION							
ond ond	ME	WHILE NOT WHILE T	LAT HOME S	TREET, FACTORY, OFFIC	CE FARM, ETC)	STREET		CITY OR TOWN	COUNTY	STATE			
or a Africa Se os se ostrh mort		220.1 certify that (I) (this	hospital) ottended t	he deceased fran	n_ (e/	19 19 8	, to	7/12	19 95	that (II (Tast			
priol priol priol priol priol priol priol prior		saw the deceased ali	e an the bod	v after death.	\$5.0	nd that in (my) (a apin	nian death accurre	d an the date and ha	ui and fram the c	causes stated			
OR A DIRECTOR OF		276 HGNATURE	0			DEGREE			22c DATE	SIGNED			
- f - f - T		per si	ran			ATTENDIN PHYSICIAI	MEDICAL DIRECTOR	PHYSICIAN [12	1384			
O HOSPITAL etoined by 11 TO FUNERAL should be det with the State		1/2110 I	C 1 VA I	Enc		22e ADDRESS		0 BA		0			
retoined I	-	JU17K1	SHAU			10 NOY		PAYSUNI	ST.				
	230	BURIAL, CREMATION, REMO (SPECIFY) Burial	7/17/8			nore Cem.	CITY	ORTOWN	COUNTY	STATE			
BP	24 F	UNERAL DIRECTOR						ltimore EGISTRAR 25b. REGIS	TRAR'S SIGNATI	MD URE			
DHMH - 16 60M 7/84 (VRA 15, 4)	V	m.™C. March F	F/H 1101	E. Nort	h Ave.		THUE'N' A	1000 8.00	7000	80-7			
	-						JUL 1 6	1585		1			

U



MEGA

. No. 1 to the last of the state of the stat

July 1, _ Po Alexander 10. The rectors, No.

and the second of the second o

injury, or other troumatic

IMPORTANT: If them 21 is morked or them 18 shows ony

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE
CFI	RTI	FICATE	OF	DEATH	

	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 9 9 5 5										
	1. DECEASED NAME FIRST (TYPE OR PRINT)	∠ Andrew	W	AST 2	20. DATE OF DEATH MONTH DAY YEAR 16. HOUR 7-06-95 930						
	MALE	WHITE	5. DATE O	y 4 1914 A	AGE (IN YEARS LAST BIRTI	HOURS MIN.					
	Jo BIRTHPLACE (STATE OR FOREIGN Virginia	USA	DUNTRY? 8. MARRIEI WIDOWE	D LJ NEVER MARRIED XX	BALTU BALTU	∠ MD.					
1	Baltimore	11. NAME OF HOSPITAL		1	To USUAL OCCUPATION IN THE STATE OF WORK FOR MOST OF WAREHOUSE	WORKING LIFE) INDUSTRY	WORKING LIFE) INDUSTRY				
	USUAL RESIDENCE (IF NURSING HOME OF 130, STATE 13b. COUL	NTY 13c CITY	or town ltimore	136 INSIDE CITY LIMITS? 13	13e STREET ADDRESS / ZIP CODE 2000 O'Dell Ave 21237						
1	FATHER'S NAME FIRST Irvin	THER'S NAME Irvin MIDDLE MIDDLE MIDDLE MIDDLE MIDDLE									
	160 WAS DECEASED EVER IN U.S. AF	VE WAR OR DATES	-14-2908	Mrs. Ruth W							
Z	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	gave rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN									
	190 DATE OF OPERATION 110 ACCIDENT WAS UNDERLYING	196. CONDITION FO	R WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FIND IN CERTIFYING CAUSES YES					
1	00.00	ATH HOUR A.M. MO		21c. HOW INJURY OCCURRED	(ENTER NATURE OF INJURY	Y IN ITEM 18 PART I OR PART ?)					
	48 ETHER, NOTIFY MEDICAL EXAMINE 214. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJUR (AT HOME STREET, FACTOR	RY, OFFICE, FARM, ETC.)	ZII. LOCATION STREET	CITY OR TOW	wn county	STATE				
	22a.1 certify that (1) (this hasp saw the deceased alive or above, (1) (we) (aid) (did no	278.1 certify that (1) (this haspital) attended the deceased from 19 22, 19 35, to 10 26, 19 35, that (1) (we) last saw the deceased alive an 19 25, and that ir (m) (our) opinion death occurred on the date and hour and Irom the causes stated above, (1) (we) (bid) did not) view the year of the date and hour and Irom the causes stated above.									
	27b. SIGNATURE	276 SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN TO THE PHYSICIAN DIRECTOR PHYSICIAN TO THE PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN TO THE PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN TO THE PHYSICIAN DIRECTOR PHYSICIAN DI									
	730 BURIAL, CREMATION, REMOVAL	Ceo, md		5000 E AS	LTERN A	1 VENUE					
	Cremation	7/31/85	Westvi	iew Memorial	Baltimo		STATE				
	Dudă ^{ME} Ruck Fune		Balto Of Dundal	MD 21222 DATER	EC'D. BY REGISTRAR 2	756 REGISTRAR'S SIGNA	TURE Pandall				

DHMH - 16 50M 4/83 (VRA 15, 4)

BP

230513 7 006 85 930 , , Den Detroit Spring THE WASTERN AS STORED

FOR

REGISTRAR

FIRST

DECEASED NAME

1 - STATE

(TYPE OR PRINT)

218050

imere 126. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY 13e STREET ADDRESS / ZIP CODE 21230 Reinhardt LAST 3236 West mont APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (aur) apinian death accurred on the date and have and from the causes stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN COUNTY STATE Buria BP Auburn Balto 24 FUNERAL DIRECTOR 25a DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 AUG (VRA 15, 4) march E/H 1101 E.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

RESINO

MONTH

30

IF UNDER LYEAR

IF UNDER 24 HRS

20 DATE OF DEATH

Predering J 30 85 LO + 14 -Bath-ere Corn Production 75 Desc. X The first of the same of the first of the same of

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR 7h HOUR 1. DECEASED NAME LIVPE OR PRINTS 85 IF UNDER 24 HRS 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR 3 SEX YEAR 9. BALTIMORE CITY OF COUNTY OF DEATH TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? DIVORCED T CITY OR TOWN OF DEATH 176 KIND OF BUSINESS OR WORK FOR MOST OF WORKING LIFE) INDUSTRY MIDDLE MIDDLI (YES, NO OR UNKNOWN) (JF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (D DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 1/2 IFICATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [21g. ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 711 LOCATION 21d INJURY OCCURRED 71e. PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 77e ADDRESS should b 230 BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 23b. DATE 7/31/85 STATE Burial Mt.Olive Bapt. Church. Victoria, Va. 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 William C, Brown 1206W. North Ave. 21217 (VRA 15, 4)

STATE OF MARYLAND

--MANAGER OF THE STANDARD OF THE STANDARD 34 0930年,1825年

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

0	Lan	
Q	REO NO.	1
- C 100 W		

13	. 4	13	
1	3	U	

FOR 1 - STATE	DE	PARTMENT OF HEALTH AND MENTAL I	HYGIENE	100000
REGISTRAR		CERTIFICATE OF DEATH	REONO.	1 9 9 0 0
1 DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
Mary	М.	Winn	7-21-1985	M
3 SEX	4. RACE	5. DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS HOURS MIN.
Female	White	5-25-1916	69	rs.
70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NTRY? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR CO	UNTY OF DEATH
Md.	U.S.A.	WIDOWED DIVORCED	□ Balto. City	MD.
10 CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIV		170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	126. KIND OF BUSINESS OR INDUSTRY
Balto.	1549 Burnwo		Ret. Clerk E	B.C.P.D.
USUAL RESIDENCE (IF NURSING HOME 130 STATE 136 COL	UNTY 13c. CITY O		13e STREET ADDRESS / ZIP 1549 Burnwood	
14 FATHER'S NAME FIRST George	MIDDLE LA	-	NAME MIDDLE	Kellev
160 WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIA	L SECURITY NO. 17 INFORMANT	ADDRESS	
(YES, NO OR UNKNOWN) (IF YES, C	SIVE WAR OR DATES? 215-0	7-3545 Dr Gerard	E Winn 21 Wrigh	m. Mass 01095
18 CAUSE OF DEATH Enter	anly one cause per line far (a),	(b), and (c)	WILLUIANG	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I, DEATH WAS CAUS	SED BY:	invesular collar	ise .	Imme de et
	DUE TO, OR AS A CON	ISFOLIENCE OF		
Conditions, if any, which		onary artery disease	put 1	June 1968
gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CON	ISEOUENCE OF		" 1965
		IG TO DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITION	N GIVEN IN PART 11a
190 DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR V	WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 200.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCC	CURRED (ENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2)
OR CONTRIBUTING CAUSE OF D	DEATH	19		
OR CONTRIBUTING CAUSE OF DE	21e. PLACE OF INJURY (AT HOME STREET FACTORY	OFFICE, FARM ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
220. I certify that this has	ipital) attended the deceased on a solution of a special properties of the properties of the deceased of the d	from 1965 , 19	, to, tanded the date an	d havi and from the causes stated
276. SIGNATURE	Total view the oddy differ death	DEGREE	G MEDICAL STAFF	22c. DATE SIGNED
224 PHYSICIAN'S NAME (TYPE	E OR PRINTY		N DIRECTOR PHYSICIAN	1/22/85
George W. M	lurgatroyd, Jr	. M.D. 1101 St. F	Paul St.	
173n BURIAL CREMATION REMOVA	AL 236. DATE	23c NAME OF CEMETERY OR CREMATO	RY 234 LOCATION	COUNTY
(SPECIFY)Burial	7/24/85	Balto. Nat'l	Balto. Md,	COUNTY STATE
24 FUNERAL DIRECTOR			DATE REC'D. BY REGISTRAR 25% RI	
Leonard J. Ruc	k, Inc.,5305	Harford Rd.	JUL 2 3 1985	wa Laurdson-Mandales

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

FS(S) no PG no "	nut	K. Ma	V2.0
		with	o female
0110 .o. 011s		1.8.1.	.(6)
. F. F. Y. E. Man (1) . 3 6	S. hu be	Sostemate Office	• 0=1 1121
17916 .fill looverus 1671	• 16	ton d	. Ar
		L. 2009-	1991/1997
			40.
	The second		
	A STATE OF		
Control of the contro			
Mark Comment	Santia		1
	M.O. 110; M. M. Dall D. M. Valle D. Valle		
		ml, Inc., 9703 H	

- STATE

REGISTRAR DECEASED NAME

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IENE	8 REG	No.	i	9	4	0	6
2a. D.A	TE OF DEATH	MONTH	DAY	YEAR	12b	HOUR	

that (I) (we) last

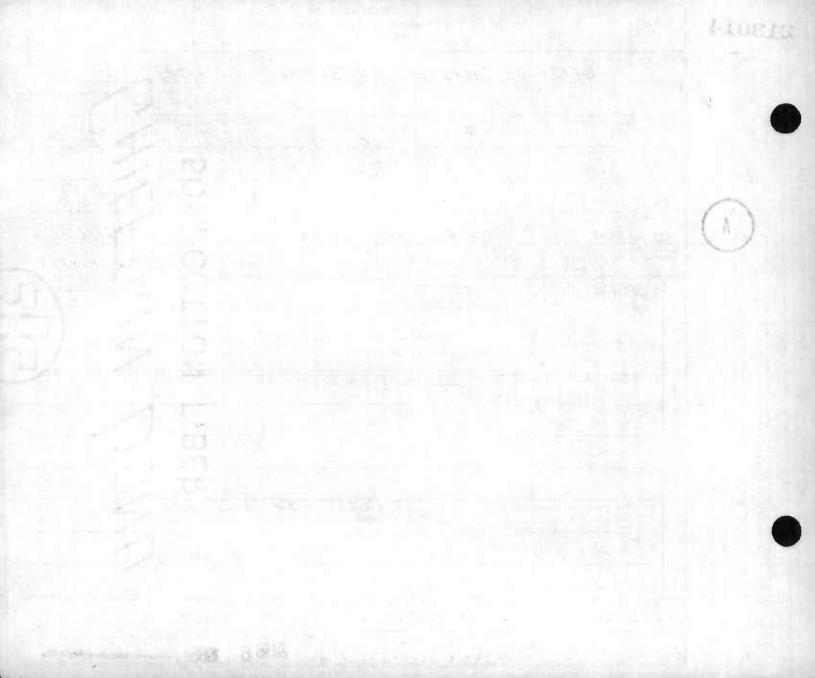
	deod		(TYPE	GERTR	UDE THERESA	+ v	VINTER MYE	4	1/28/	85	1235
	ofter	D	3. SE))=	RACE	5 DATE C		6 AGE (IN YEARS I	YRS	MONTHS DAYS	IF UNDER 24 HRS
	of once.	34		RTHPLACE (STATE OR FOREIGN 7)	CITIZEN OF WHAT COUNTRY?	MARRIEI WIDOWE	DI NEVER MARRIED [_ 16 /-	in ev	City	M
h. sh	filed with	45)0 CI	BUTTIMEN 1	1. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FAMILITY, GIVESTREET,		ROTHER INSTITUTION	12a USUAL OCCI			F BUSINESS OR
1	A Property	35	13a S		THER INSTITUTION GIVE RESIDENCE BEFORE 131. CITY OF FOW 130. CITY OF FOW		138 INSIDE CITY LIMITS?	56016	1 AN	DE Zbk	139
(A	$)_{\geq}$	14 FA	THER'S NAME FIRST M VILLIAM	De Bau	GH	15. MOTHER'S MAIDEN I	MIC		PAO	LAS
	Poge	1		VAS DECEASED EVER IN U.S. ARM VES, NO OR UNKNOWN J. UIF YES, GIVE	ED FORCES? 16b SOCIAL SECU WAR OR DATES) 216 32	8391	SON		B128 C.	ALLOLN	
	emavol			18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	1/2/3/) (C.)			K.	APPROXI BETWEEN	MATE INTERVAL DNSET AND DEATH
	remation, or r			Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b) AV AV DUE TO, OR AS A CONSEQUE	à sel	levosis				4
4	Then pleas tabunal, a		NO		ONDITIONS CONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TE	rminal disease or	CONDITION	GIVEN IN PART 110	a
an.	t permit.	2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY	IN CER	YES, WERE FIND IN TIFYING CAUSES YES []	
g physic	rial-transi ental Hygi	7		2)a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR	21c HOW INJURY OCC	URRED (ENTER NATURE C	DE INJURY IN ITEM I	8 PART I OR PART 2)	
attendin	s the bur h and Me		MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	ARM, ETC)	211 LOCATION STREET	CITY	ORTOWN	COUNTY	STATE
spital ar	for use of Healt			22a 1 certify that (1) (this haspital saw the deceased alive an above, (1) (we) (did) (did not)	19		d that in (my) (aur) opinio	on death accurred an	128 the date and h		that (I) (we) las causes stated
the ha	T lette			226. SIGNATURE AVALUA	A. Lis Sons	1	DEGREE ATTENDING PHYSICIAN		STAFF HYSICIAN [22c. DATE	SIGNED
toined by	0 = 0			22d. PHYSICIAN'S NAME (TYPE OR	7. SIEBELL	5	22e ADDRESS				
BP_	2 € ≩ ₹		23a B	BURIAL BURIAL		IRKH	EMETERY OR CREMATOR	23d LOCATION		BALTO. G	0. M
			24 EI	INICOAL DIDECTOR		D. C. L. C. C.	1 12 mars 70 4 20 125 - F	ATE DEC'D BY DECIE	TRADISE DEC	CTD ADIC CICALAT	LIDE

DHMH - 16 60M 7/84 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

CHAPELOFMEMORIES

June inviden francisco



- STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH MONTH DECEASED NAME 26 HOUR YPE OR PRINT EdWARd THOMAS 06 3 SEX 4 RACE & AGE (IN YEARS LAST BIRTHDAY) IF UNDER . YEAR 909 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE I STATE OR FOREIGN NEVER MARRIED 11.5.A BALTIMORE WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY CAN ACQUER MIXER BAITIMORE JOHNS HOPKINS 13b COUNTY 13e STREET ADDRESS / ZIP CODE 14. FATHER'S NAME MIDDLE GROVES IN U.S. ARMED FORCES 17 INFORMAN HE YES GIVE WAR OR DATES! EVELYN C. WITTIG 137 N. BRAD FORD YES 18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and ic-PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 200 AUTOPSY? 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART : OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOI WHILE 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive on. and that in (my) (aur) apinion death occurred on the date and hour and fram the causes stated above, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE DEGREE 220 DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

122e ADDRESS

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

FOR

INRTLEY MillER 2332 JEFFERSON ST

23b DATE

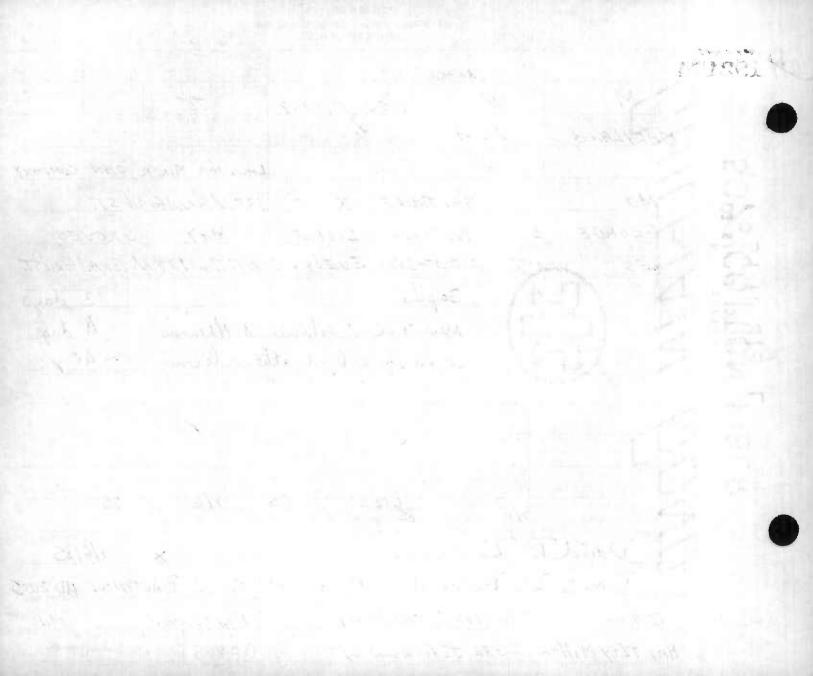
22d PHYSICIAN'S NAME

a. DATE REC'D. BY REGISTRAR.

CITY OF TOWN

REGISTRAR'S SIGNATURE

ALTIMORE UD 21205



20	3376	FOR									
~0	0010	- STATE REGISTRAR		CERTIFICATE OF DE	ATH & REO	. NO. 1 9	9				
6 3	THE	I. DECEASED NAME (TYPE OR PRINT)	FIRST MIDDLE	Wittington		7 14 85	5 6.45 AM				
0 C	the chart	1. SEX Male	1 RACE Black	S. DATE OF BIRD	YEAR 60	YRS.	AYS HOURS MIN.				
d Die	10 mm	Ju BIRTHPLACE (STATE ORFO COUNTRY) Maryland	U.S.A.	WIDOWED DIV	ARRIED U ORCED D BALTIMO		MD.				
7 S	by the fi	BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STRE	T KEY MEDICA	TYPE OF WORK FOR MO	ATION 12b. KIN 12b. KIN 11b. KIN 11b. KIN 11b. KIN 11b. KIN	ID OF BUSINESS OR TRY				
RYLAND 213	42 should be discontinued for	USUAL RESIDENCE (IF NURSIN 130, STATE Maryland IL FATHERS NAME PIRST	IG HOME OR OTHER INSTITUTION GIVE RESIDENCE BET- 136 COUNTY 13c. CITY OR TO Ralti MIDDLE LAST	more YES W		entalou St	21216				
M O M	1500	Ervin	Whittington,		ebecca	Kia					
DIX	n. Pope	(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	-3545 Oueen		^{DRES} Philadel Wynnefield					
Released on Approval OWISION OF VITAL RECORDS, 201 W. PRESTON ST., BL 900, 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	refound by the housing of attending physician. TO FUNERAL DIRECTOR, After this cartificate has been eighed by this period in about the should be detached the use on the fluid from into ment the store. Dept. of Health and Mental Hygene prop. to busing be employed in marked at them. It is marked at them. It is have any injury, or other trauments, every.	PART I, DEATH WA Conditions, if ony, gove rise to immucouse (a), stoting underlying couse PART 2. OTHER SIGN PART 2. OTHER SIGN PART 2. OTHER SIGN 19a DATE OF OPERATI 5/23/85 21a. ACCIDENT WAS UNDE OR CONTRIBUTING C. (IF ETHER NOTHEY MEDIC.) 21d. INJURY OCCURRY WHILE AT WORK 22a. I certify that (I) (sow the deceose obave. (I) I we I (I) 22b. SIGNATURE	DUE TO, OR AS A CONSEGUATION OF THE CONTRIBUTION OF THE CONTRIBUTI	UENCE OF WAR UENCE OF WORD IN A STREET DEATH BUT NOT RELATED T LIVAL WARPERFORM PART 198 NOW E FARM ETC) 216. HOW INJU E FARM ETC) 216. HOW INJU DEGREE M. D. AT' PH 220 ADDRESS FRAM	MED 200 AUTOPSY? YES NO DIENTER NATURE OF DELLE NATURE OF DEL	20b. IF YES, WERE FININ CERTIFYING CAUSTIN TEM 18 PART 1 OR PART	NDINGS USED SES OF DEATH? NO STATE Thorough the state of the state				
P	SP	230. BURIAL, CREMATION, R BURITAL	23b. DATE 7/19/85 G	arrison For	REMATORY 23d LOCATION EST VA OWINGS	Mills, COUNTY	Mar:				
DHMH	I-16 30M 2/80 /RA 15, 4)	24 FUNERAL DIRECTOR NAME Wm C March	F/H Inc. 1101 E	North Aven	250. DATE REC'D. BY REGISTR		NATURE				

1000 CHARLES WORRS TO SENDENCE MOVING COMME

The state of the s

13 81 JOHANNA E. WOLF TARES PAR FEMALE VANCE T-05-94 MINE THE CERMANY CONTY MOLESTON BALTON - 1917 WHENTEN EL STEEL 113 - Mart . 2019-2015 . Land SPACES HOTELIAGH WAS EASING STUDY CARCY Selfs Table Succession CIVE SA BY THE REPORT OF THE PROPERTY Control Col Assessment

	1	FOR	D.C.		OF MARYLAND	Hyarrie	Eoc	4102	
203277	1.	- STATE REGISTRAR	DE		EALTH AND MENTAL ICATE OF DEATH	8 REGIENE	5,0	19	913
		CEASED NAME FIRST	MIDDLE	t.	AST	2a DATE OF DEAT	TH MONTH	DAY YEAR	26 HOUR
ge 3	(IAN	EORPRINT) KATHR	YTI M.	ZVIC.	LFE		7 (9 8 5	6.50 %
noy by	3 SE		4 RACE	5. DATE C	FBIRTH	6 AGE (IN YEARS LA	ST BIRTHDAY]	IF UNDER TYEAR	IF UNDER 24 HRS
4 00	1	F	White	MONTH 2	2) YEAR	61,	YRS	MONTHS DATS	HOURS MIN.
A 1/2 1		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NTRY? 8	NEVER MARRIED	9 BALTIMORE CI	TY OR COUNTY		
1 NE 175	1	Pennsvlvania	U.S.A.	WIDOWE		Baltin	nore C:	ity	MD
A A T		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	NURSING HOME C		1 120 USUAL OCCU		12b. KIND C	OF BUSINESS OR
5 53 40	B	altimore		Hospi	tal	Inspecto			Slipcove
1 11	USU	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE	E BEFORE ADMISSION)	13d. INSIDE CITY LIMIT			11/10/11	M. LOI EI
7 11 BS	100.	Md		ltimore	YES X O NO	504 East			1223
4 12 1	14. F.	ATHER'S NAME			15 MOTHER'S MAIDE	NAME			
1/11 100		Clarence	MIDDLE LA	essler	Kath	erine 1	VI.	LAS Ca	ramer
20 20 1		WAS DECEASED EVER IN U.S. AF	MED FORCES? 166 SOCIA	L SECURITY NO.	17 INFORMANT		DDRESS	0.	Lanci
1 00 8		YES, NO OR UNKNOWN) (IF YES GI	VE WAR OR DATES)	16-6560	Patricia	J. Slaughte	2512 7	Ashton S	St. 2122
Sicino Ole Control of		18 CAUSE OF DEATH (Enter of			racricia	o Diaugnee.	1		IMATE INTERVAL ONSET AND DEATH
phys npop mov		PART I. DEATH WAS CAUSE	ED BY: TE CAUSE (a) A CUT	e Mu	ncardia	1 Trala	retion		ONSE! AND BEATH
ding or re		IMMEDIA		SEQUENCE A	1	V		/	
deoth ottend		Canditions, if any, which	DUE TO, OR AS A CON	1-11	bonte	MArian			
he demo		gave rise to immediate couse (a), stating the	DUE TO, OR AS A CON	SECULIAL SE		,,,,,			
by t by t Core orthe		underlying couse lost.	DUE TO, OR AS A CON	ISEQUENCEOF					
gned n plea burio		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISEASE OR	CONDITION GIV	EN IN PART 1	a
of the factor	NO NO	Care	noma de	1 11/2	nus				
been mit. I	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR V	WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	20b. IF YE	S, WERE FINDI	NGS USED
he In hos	Ħ					YES NO		FÝING CAUSES	NO [
IAN: T physici	1 8	210. ACCIDENT WAS UNDERLYING		H DAY YEAR	21c. HOW INJURY OF	CURRED (ENTER NATURE O	INJURY IN ITEM 18	PART (OR PART 2)	
PHYSICIAN; ending phys this certifica the buriol-tror ad Mental Hy	N N	OR CONTRIBUTING CAUSE OF DE		19					
this of the day	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY,		211. LOCATION	CITY	ORTOWN	COUNTY	STATE
G P offer the sthe	2	MHILE NOT WHILE	(AT HOME STREET, FACTORY, O	OFFICE FARM, ETC.)	STREET		JK 10411		317112
A A A A A A A A A A A A A A A A A A A		22e. certify that (1) (this hosp	ital) attended the deceased	from		, ta		19	that (I) (we) last
TTEP potal for c		saw the deceased alive an	it view the bady after death.	_19, on	d that in (my) (aur) api	nion death occurred an t	he date and how	ir and from the	couses stated
hos hos ept.		226 SIGNATURE	with the body after death.		EGREE			22c. DATE	SIGNED
0 9 0 0 =	H	1/8a	rearon	_ M	ATTENDIN PHYSICIA		STAFF	7-	9-85
SPIT d by d by NER TAN	1	22d PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS ZL	55 WILK	EN 5	AVI	2
TO HOSPITAL retained by the TO FUNERAL should be det with the State IMPORTANT.		SAMBANDA	1 BASKA	SAN	BALTIN	DARE A	1021	129	
0 € 5 € 3 ₹		BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATO	DRY 23d LOCATION		~ X _ / _	
BP		Burial	7/12/85	Loudon 1	Pk. Maus.	Balti		COUNTY	Maryland
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR				DATE REC'D. BY REGIST			
(VRA 15, 4)	I	Hubbard Funeral		DRESS 107 Wilk∈	ens Ave.	JUL 1 0 198!	Sand	evidson-1	andelle

	١,	#1,14,per birth 4/29/86 kam STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1- STATE									
210157		REGISTRAR 7-31-85	item 13a-e L.)	TE OF DEATH	8 REG. NO.	1-99) [2]			
		CEASED NAME FIRST OR PRINT) BreAnna	Núcole	LAST	Hobbs	20 DATE OF DEATH MOI	23 85	26. HOUR			
moy be poge 3	3. SE		1 RACE	5. DATE OF BIR		& AGE (IN YEARS LAST BIRTHDA					
ge 4 m ector p	3. 30	Female	white	MONTH 5	23 85	N.B.	YRS.				
oth. Po		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	/? 8. MARRIED WIDOWED	NEVER MARRIED	Baltimore city or c		440			
the fund withing	10 C	ity or town of DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OT		120 USUAL OCCUPATION	ORKING LIFE) 126. KIND (
by hy	Land	AL RESIDENCE LIFNURS HOLD ME OR		PITOU		Newborn		NM			
filled in a state of the state	13a :	d. COUN		WN 13d.	INSIDE CITY LIMITS?	3416 Yorkwa					
detely with	JAL F		MIDDLE		MOTHER'S MAIDEN NA	MIDDLE	LA	IST OO			
per du de		Richard Alto				elle Christin	ne Wo	िंदर.			
s s s s s s s s s s s s s s s s s s s		VAS DECEASED EVER IN U.S. ARAYES, NO OR UNKNOWN) (16 YES, GIVI	MED FORCES? 16b. SOCIAL SEC		INFORMANT	ADDRESS					
(IN)		18 CAUSE OF DEATH (Enter on	APPRO BETWEEN	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH							
	10	PART I. DEATH WAS CAUSEI IMMEDIAT	4:	45 MIN.							
# 2851			DUE TO, OR AS A CONSEQ	UENCE OF	100 1	1 12					
r deo		Conditions, if any, which gave rise to immediate	(b) Prematur	re birth	(25 weeks	gestration)					
Constitution of		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQ	UENCE OF							
may no de la company of the company		PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT	RELATED TO THE TERA	MINAL DISEASE OR CONDIT	ION GIVEN IN PART 1	Ito			
章 是是	Į Š		None 1196. CONDITION FOR WHICE								
3 4 4 6 /	CERTIFICATION	190. DATE OF OPERATION	200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?								
48 111 4	E	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	214	HOW IN HIRV OCCUR	RED (ENTER NATURE OF INJURY IN	YES	но 🗌			
physical rife and 18 m 18 m 18 m		OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH	DAY YEAR		LENIER NATURE OF INJURY IN	THEM IS PART FOR PART 2)				
G PHYSICIAN. G PHYSICIAN. This certificat I the buriol-train and Mental by ked or Item 18 st	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	21e. PLACE OF INJURY		LOCATION						
O Present	¥	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	FARM, ETC }	STREET	CITY OR TOWN	COUNTY	STATE			
A A A A A A A A A A A A A A A A A A A		22a.1 certify that (I) (this hospit	tal) attended the deceased from	May 3	19 84	_ 10 May	23 19 85	, that (I) (we) last			
Spital Spital CTOR CTOR I for a of H		saw the deceased alive an above, (I) (we) (did) (did na	May 23 19.			death occurred on the date					
OR house	1	22b. SIGNATURE	Personal	DEGI	REE ATTENDING	MEDICAL STAFF		E SIGNED			
SPITAL d by th NERAL be dete e State	4	Margere 27d PHYSICIAN'S NAME LIVE O	to M. nucho	SM)	PHYSICIAN	DIRECTOR PHYSICIAN	1 D /	193/85			
TO HOSPITAL retoined by th TO FUNERAL should be deter with the Store		MARGARET M				ital, Dept of	Pediatria				
Should should be	23a	SURIAL CREMATION REMOVAL	1236 DATE 1236		TERY OR GREMATORY	1234 LOCATION		٨			
BP		Removamation	y 5/24/85	SINAI H		Baltu	nove a Md	STATE			
DHMH - 16 50M 4/83	24 F	UNERAL DIRECTOR		MARKET TO THE	250 DA	TE REC'D. BY REGISTRAR 256					
(VRA 15 4)		CINAL K	OSPITAL ADDRESS		- 111	26 1005	80. K.	S			

. ~ .	#	1,14,per Birth	4/29/86 kam	STATE OF MAKTLAND NENT OF HEALTH AND MENTAL H)	(GIENE	
210156	1-	STATE REGISTRAR 7 73 0		CERTIFICATE OF DEATH	REG. NO.	9915
	I_DE(CEASED NAME FIRST	item 13a-e L.	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
noy be poge 3	{TYPE	Meghar	Rachelle	Hobbs	5/23/85	7 26 PM
pog er de	3. SE)	(RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ctor s offi		Female	White	MONTH DAY YEAR 5 23 85	O YRS.	MONTHS DAYS HOURS MIN.
Pog dire		RTHPLACE (STATE OR FOREIGN 7	LOUNTRY?	8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH
of The St.		Maryland	US.	WIDOWED DIVORCED	Baltimore	City MD.
of the feet	19 CI	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET)	G HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	126. KIND OF BUSINESS OR
of soft	R	saltimore	Sinai Hos	ortal	N.B.	INDUSTRY NA
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN The low requires that the confine physicion. If the this certificate has been signed by the title of the certificate has been signed by the title of the certificate has been signed by the title of the certificate has been signed by the title of the confine one completely filled in by on the buriol-tronsit permit. Then please the certificate has been signed by the certification of the certificatio	13a S	TATE COUNT	THER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION) N 13d. INSIDE CITY LIMITS? YES NO N	13. STREET ADDRESS 4 ZIP COL	DE ₂₁₂₂₂
YLA Tely	14. FA	THER'S NAME	IDDIE LAST H	obbs 15. MOTHER'S MAIDEN N		
MAR whole	6.8		Alton Holde	Noelle	Christi	ne Wolff
RE, d co		VAS DECEASED EVER IN U.S. ARM	NED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRESS	
Pog	1	NO OR DINKNOWN) (IF TES. GIVE	N/	A.		
BALT confers t, the	1	18 CAUSE OF DEATH (Enter only	one couse per line for (a), (b), one			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
A		PART I. DEATH WAS CAUSED IMMEDIATE	CAUSE (0) Intravent	icular Hemorrh	age	4hrs.
NO Partie Partie			DUE TO, OR AS A CONSEQUE	NCE OF		
roun roun		Conditions, if ony, which gove rise to immediate	(16) Prematu	rity - 25 wks	gestation	
b the Southern othern		couse (o), stoting the underlying couse lost.	DUE TO, OR AS A CONSEQUE	NCE OF		
DS, 20 l quires t signed hen ple to burio	NO	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION G	IVEN IN PART 110
been rmit T	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
The The Coon.	RTIF					res NO
PF VITA IAN TI physical inficote inficote ol Hygin 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH DA	AY YEAR THE HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
PHYSICI PHYSICI this cert the buriolind Amento d or them	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 21e PLACE OF INJURY	19 211. LOCATION		
NVISION offendin offe	MED	216 NJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME, STREET FACTORY, OFFICE, F		CITY OR TOWN	COUNTY STATE
NDIR I or II		220 I certify that (I) (this hospital		may 23 , 19 85		
R ATTE hospita		sow the deceased alive on obove, (I) (we) (did) (did not	view the body alter death.		on death accurred on the date and ha	
0 0 0 0 0		22b. SIGNATURE	m minhals	DEGREE ATTENDING	MEDICAL STAFF	220. DATE SIGNED
PITAL by t ERAL State ANT:		Margaret 22d. PHYSICIAN'S NAME (TYPE OR	PRINT	220 ADDRESS	0 0 0	3/20/00
TO HOSPITAL retoined by the TO FUNERAL should be deto with the Store with the Store MAPORTANT: It		MARGARET	m. NICHOLS,	MD. Smai	Hospital	
	23a I	BURIAL, CREMATION, REMOVAL	23b. DATE 23c 1	NAME OF GEMETERY OR CREMATOR	23d LOCATION	SOUNTY STATE
BP		UNERAL DIRECTOR	1 2/94/92 2	TYNI PROSPITAL	ATE REC'D. BY REGISTRAR 25b. REGI	STRAR'S SIGNATURE
DHMH - 16 50M 4/83 (VRA 15, 4)		NAME SINAI 1	65 pital ADDRESS	i ji		Davidson-Randale

(VRA 15, 4)

STATE OF MARYLAND

1.0135

Your Valuation of the Company of the Design to the control of the control

	ST	AT	E OF	MA	RYL	AND
--	----	----	------	----	-----	-----

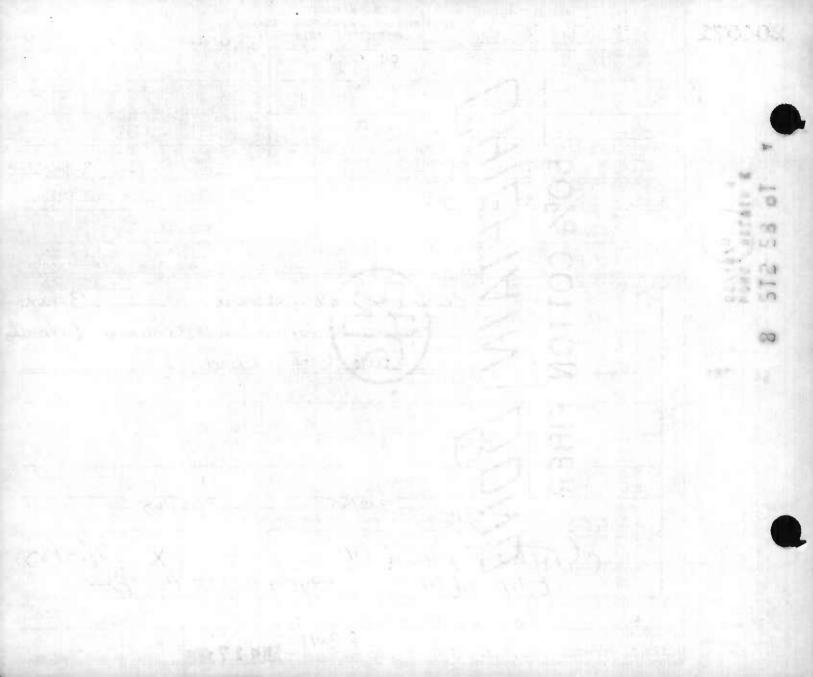
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9	1 -	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH RED NO.									
	(TYPE	OR PRINT) ETHELY	'N VIR	GINIA	i	Doma	CK	20. DATE OF DEATH	MONTH DA	7-85	9 SO) _M
		emale	Black		5. DATE C		22	AGE (IN YEARS LAST BIR		DATS	IF UNDER 24 AR	
1		RTHPLACE (STATE OR FOREIGN)	U. S. A	A. MARRIED NEVER MARRIED Baltimore, Cit								
d	E	TY OR TOWN OF DEATH Baltimore	11. NAME OF HOSE (IF NOT IN SUCH FACE	OS OLM	PO-10	AL CE		120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O			F BUSINESS C	R
5	130. S N	Maryland		RESIDENCE BEFORE A		134 INSIDE CITY YES NO			zip code ax Rd.	2121	6	
		Thomas	AIDDLE	Jones	3	Sally FIRST	AIDEN NAM	E		white	T	
	16a W	VAS DECEASED EVER IN U.S. ARI (ES NO OR UNKNOWN) (IF YES GIVE VL	Wan on passes	SOCIAL SECUR 24-34-85		Bertina	Womac	k 3511 Rei		own Rd	. 2121	5
		18 CAUSE OF DEATH (Enter and PART I. DEATH WAS CAUSED IMMEDIAT	3 BY	larial, ibi and		rrest					edia 6	-1
		DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate (b) Cancer of Lung								2 4	ears	
		couse 101, stating the underlying cause last (c)										
	NOI	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE							N IN PART 10	5	Ī	
,	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION	ION FOR WHICH OPERATION WAS PERFORMED			D	200 AUTOPSY? 200 IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF YES YES YES			NGS USED OF DEATH? NO	
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	116 TIME OF IN. HOUR A.M. P.M.		21c HOW INJUR	HOW INJURY OCCURRED (ENTER NATURE OF			INJURY IN ITEM 18 PART I OR PART 2)			
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF IN (AT HOME STREET, F	NJURY ACTORY, OFFICE, FAI	211 LOCATION STREET		CITY OR TO	TY OR TOWN COUNTY STATE			1	
		220.1 certify that (1) (this haspit saw the deceased alive an abave, (1) (we) (did) (did not	Julu 15	19_8			9 <u>85</u>) apinian de	to July 12	ate and have		that (1) (we) lo causes stated	ist
		226, SIGNATURE Maria Delg 77d PHYSICIAN'S NAME (1797)	ado M.	D.	1	DEGREE ATTE PHY 122e ADDRESS	NDING SICIAN	MEDICAL STA	F IAN 🔊	July	SIGNED 16, 1985	
		Maria Delgad	0 M.D.									
	(!	Burial Burial	7-19-85	Arb	utus	emetery or crey Memorial	Park	Avebustus Avebustus	,	COUNTY MAT	yland:	
		iley-Douglass F	uneral Ho	me 17348	N. (Calhoun	JUL 2	2 2 1985 T	IN RESISTR	R'S SIC BAT	dist.	1

Bailey-Douglass Funeral Home 1348 N. Calhoun

DHMH - 16 60M 7/84 (VRA 15, 4)

E 5 2000 -THE RIVER PR Albert Laborar III. R. est of plan x



					STATE	OF MARYLAND					
	1.	FOR STATE		DEPARTA				ENE	2	0 0	1 1
AF		REGISTRAR 7-71-01	item l	Sa-13-a	CERTIFI	CATE OF DEAT	н		10.	7 7	1 7
1 - STATE CEPTIFICATE OF DEATH Q L Q Q Q											
30		- 59	by Do	Y V	1004				4 0		
8	3. SEX		1 PACE	1			EAR	6 AGE (IN YEARS LAST BI	RTHDAY) (F		
	1	1	W		6				11/2		- 48
900			76 CITIZEN OF V	VHAT COUNTRY?	MARRIED	NEVER MARRI	IED 🗹	O 1			
		USA			WIDOWED	DIVORC	ED 🗌	From C.	1		
	10 CI	TY OR TOWN OF DEATH				OTHER INSTITUTI	ION				F BUSINESS OR
28	B		UNIVERS	174 OF 1	MD HO	DSPITAL		NA		NA	
ag C	USU/ 13a S					13d INSIDE CITY LIA	MITS?	13e.STREET ADDRESS	/ ZIP CODE		
2	1	JA PN	A	NA					alow		
600	14 FA		MIDDLE	LAST			DEN NAM			LAS	ST.
128	PC	onald		1	c		Y	A.		mel	791-54
ر اور				166 SOCIAL SECU	RITY NO.	17 INFORMANT	1	ADDR	ESS		
8				NA	4	Parents	101	13 Pinetop	Dr. Gle	nBuri	nie md.alo
the .		18 CAUSE OF DEATH (Enter	only one couse per	lipe for (a), (b), and	d (c).T	1				BETWEEN	MATE INTERVAL ONSET AND DEATH
event				PREMATI	LRITY.	(22 mx	FEKS	GESTATIONA	(36A)	48	minutes
offic			DUE TO OR	AS A CONSEQUE	NCE OF				5332		
e a a			(b)_								
er tr		couse (o), stoting the	DUE TO, OR	AS A CONSEQUE	NCE OF						
to the		underlying cause lost	(c)_								
7,0	-	PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A CON Inditions, if ony, which we rise to immediate use (o), stating the derlying cause lost T 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	INTRIBUTING TO	DEATH BUT N	OT RELATED TO T	HE TERMI	INAL DISEASE OR COM	NDITION GIVE	N IN PART 1	0.
2	Į į								Tan 15 150 1	11505 Fn In 1	
	ICA	190 DATE OF OPERATION	196. CONDI	TION FOR WHICH	OPERATION	WAS PERFORMED	D	200 AUTOPSY?	IN CERTIFY	NG CAUSES	OF DEATH?
No.	E										NO 🗆
00			110110 4 4	A. MONTH DA	AY YEAR	21c. HOW INJURY	OCCURR	ED (ENTER NATURE OF INJ	URY IN ITEM 18 PAR	T T OR PART 2)	É FINDINGS USED CAUSES OF DEATH? NO []
#e#	CAI	(IF EITHER NOTIFY MEDICAL EXAMI	VER) P.A		19						
ō	VED				ARM, ETC)	211. LOCATION STREET		CITY OR TO	OWN	COUNTY	STATE
a ke	1	AT WORK AT WORK							r 17	-	
as m	0		are A	deceosed from_					, , ,		
2 2		obove, (I) (we) (did) (did		ofter death.			opinion d	feoth occurred on the o	fote and hour o		
Hen	1	22b. SIGNATURE	/) -		D		IDING	MEDICAL STA	FF	22c DATE	SIGNED
<u></u>		Mulor 97	Munl	un hi		PHYSI	ICIAN [7 mg	8 1985
TA 1		22d PHYSICIAN'S NAME (TYP	0 -		^	22e ADDRESS	3 1	100.1			
0		HECTUR K	. YIERA	AU IONI	wi)	224 L	1	MIH B	MITTING	rent	TOURSE
≤			AL 23b. DATE	23€. ▷	NAME OF CE	METERY OR CREM	ATORY	23d LOCATION CITY OF TOWN	7- 7-16-	COUNTY	STATE
		Removal	6/13	3/85							
	24 FI	NAME	Doored	ADDRESS .	Dal+c	ма	250 DATE	REC'D. BY REGISTRAN	1000	. 50	URE PROPERTY
)		Anatomy	Board		Darto.	, Mu.		9 1904	ma van	4001 - NO	e - make

STATE OF MARYLAND

Service of the servic THE PROPERTY OF THE PARTY OF TH TX L X THE THE THE PARTY OF THE PARTY STOCKED TO THE PARTY OF THE PARTY OF THE STOCKED STOCK

STATE OF MARYLAND

430	1000	
8	Aug	
~	REG. NO.	

1 0 0)

	Pe	e de
0)	тау	page 3
1	death. Page 4 may be	Shesal-Frector, page 3
	th. Po	196
	deo	Bo

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

BP.	
DHMH	- 16 60M 7/84
(V	'RA 15, 4)

		REGISTRAR				CERTI	FICATE OF DEATH	O REG. N	IO. \$	1 1	Sin 1
1		CEASED NAME OR PRINT) Dr.	FIRST		IDDLE		LAST	20. DATE OF DEATH	MONTH DA	LY YEAR	26 HOUR
			WILL		WOODY	M.D.		JULY 25			905 1
	3. SE	Male		White			y 23, 1898	6 AGE (IN YEARS LAST BII	YRS.	FUNDER I YEAR	HOURS MIN.
)		RIHPLACE (STATEORF		76. CITIZEN OF W	HAT COUNTRY	MARRII WIDOW	ED NEVER MARRIED DIVORCED	9 BALTIMORE CITY O Baltim	R COUNTY		MI
0		Baltimore		(IF NOT IN SUCH	Church	Marde		120 USUAL OCCUPAT TYPE OF WORK FOR MOST	OF WORKING LIFET	INDUSTRY	of BUSINESS OR
3	13a. S Ma	ryland	13b COUN		Baltimo	VN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS 102 Chur	/ ZIP CODE chwarde	ens Roa	ad - 2/2/2
	14. F.A	THER'S NAME James		amuel	Woody		IS. MOTHER'S MAIDEN NA	Dean	95	Brad	sher
Y		VAS DECEASED EVER		WAR OR DATES!	166 SOCIAL SECT 216-40-1		Anne W. Woody	y 4631 Kesw		d, Bal	Md. 212
		18 CAUSE OF DEATH PART I. DEATH W	AS CAUSED	y one couse per li DBY: ECAUSE (o)			ic CARCINE	SMA.		BETWEEN 6	MATE INTERVAL ONSET AND DEATH
	NO	Conditions, if any, gave rise to imm cause (a), statin underlying cause PART 2. OTHER SIGN	nediate g the last.	((c)	as a consequ		OMA OF TH	INAL DISEASE OR COM		N IN PART 1	YEARS
7	CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDIT	ION FOR WHICH	OPERATIO	DN WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDIN	NGS USED OF DEATH?
7	MEDICAL CE	21a. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING COURT (IF EITHER NOTHEY MEDIC 21d INJURY OCCUURE WHILE NOT WHAT WORK 22a. I certify that (I) sow the decease above (I) (Was id 22b. SIGN ATURE	AUSE OF DEAT ALEXAMINER) ED ILE (this hospite d alive on _	P.M 21e. PLACE O (AT HOME STREE	FINJURY ET FACTORY, OFFICE deceased from	FARM ETC)	216 HOW INJURY OCCURE 211 LOCATION STREET 78 2	CITY OR TO	ote and hour of	COUNTY	
		22d PHYSICIANS DA John		cGibbon,	, M.D.		101 W. Read	1	more, M	id. 21	201
		URIAL, CREMATION, I Burial	REMOVAL	July 29			emetery or crematory uid Ridge	Pikesvil	le, Bal	COUNTY Limore	Co., M
	24 FU 1it	chell-Wied	efeld	Home, I	nc. Bal	6500 to.,	York Rd. 250. DATU Md. 21212				

ten is to

tated descriptions as

esculatat

receive the receive of the receive the rec

Otals .fr. fr. fr. own spin | It | whose . when | we recome to

FIRMES WELCHT THOUGHT STORY at barrens as milled attack to the will old The same their ross 24 75 L 23 T L 27

1		FOR				ED A DT	STA	TE OF A	MARYLA	ND							
		FOR STATE					MENT OF									- 1	OPSY? STATE AMD. OF BUSINESS DUSTRY 25 Sht NOMET AND DEATH STATE
069		REGISTRAR			WEL		EXAMIN	IER'S	CERTIFI	CATEO	FDEATH		REG. NO.	9	4	PPROXIMATE INTERVAL WEEN ONSET AND DEATH AUTOPSY? YES NO STATE 1985 AM TO STATE	
X		EASED NAME	FIRST			MIDDLE			LAST		20.	OF ES	NWN X	HTMOM	DAY	YEAR	AMD. ILA 4. AMD. JSINESS RY RY RY NO STATE
STREET			MICH	AEL		All	.en	W.	RIGHT		0	EATH MA	TED 🗆	7	31	19 85	M
3	SEX		RACE	5. DATE MONTH	OF BIRTH	YEAR	6 AGE (IN YE		DER 1 YR.	IF UNDER		DATE		HTMOM	DAY	YEAR	
	M	ale	White	3	2	85		RS. 4	29	HOURS	MIN PRO	DEAD		7	31	19 85	TIA4
1		RTHPLACE (STA		7b. CITIZ	EN OF WH	AT COUN	ITRY?	B. MARR	IED NE	VER MARRI	9. B	ALTIMORE	CITY OR	COUNT			
2		Mary land	i	0 335	U.S	5.A.		WIDOW		DIVORCE		Balt	imore	Cit	·V		AAD
1	U CI	TY OR TOWN O	FDEATH				RSING HOM	, OR OTH	ER INSTITU	ITION	120 USUAL	OCCUPATI	ON (TYPE OF		12b KIN	D OF BU	SINESS
4		Baltimo:	re		20 Via		TREET ADDRESS)					OF WORKING		==			
1	SUA	L RESIDENCE (1	FIN NUR ING HOW	E OR OTHER INS	TITUTION, GIV	E RESIDENCE	BEFORE ADMISSI	ON)									
1		aryland	13b COL	A.A.			or town timore		13d. INSIDE (NO X	13e STREET	ADDRESS First	- Str		211	225	
+	-	THER'S NAME				1 2002	- JANOE C			ER'S MAIDE		TITO	DOT	660	416	46)	
A)	FIRST		MIDDLE			LAST		1	FIRST		MIDDLE					
ð.	6q. W	AS DECEASED	EVER IN U.S. A	RMED FOR	CES?		IAL SECURIT	Y NO.	17. INFOR	Sharon	1	L.	DDRESS		Wr	ignt	
4	(YE	S, NO. OR UNKNOW		VE WAR OR DAT		7.73			Ch	T	7731				3.0		
F	-	NO 18. CAUSE OF	DEATH /E-A			-] Snai	con L.	Wrigh	16	Same	e as	136		4-12001
1		PART I DEA	THWASCALIS	ED BY.					11 0						BETWE	EEN ONSET	AND DEATH
2			IMMED				Infar		ath S	ynaron	ne				-		
8		Canditions	, if any, which		DE TO, OR A	AS A CON	SEQUENCE	JF .									
6		gave rise	to immedio	te	(b)							-		_	-		
		lying couse		100	JE TO, OK A	AS A CON	ISEOUENCE	OF									
		BADY A ATHER CICA	UESCINT CANALTIA		(c)												
	z	PART 2 OTNER SIGN	IFICANT CUNUITIO	NS CUNIKIBUTIN	G TO ULAIN B	UI NOT KELA	TEO TO THE TERM	INAL OISEASI	E OR CONDITIO	IN GIVEN IN PAR	IT 1 (a).						
H	CERTIFICATION	19a. DATE OF C	PERATION	110	CONDITI	ONLEGRA	WHICH OPER	ATIONINA	AC DEDECT	14502							
	FICA	IN. DAIL OF	A EKATION	17	CONDIT	ONFOR	WHICH OPER	ATION W	AS PERFOR	(MED?							MD. 2d. HOUR 111 AM MD. SINESS RY NO STATE
	RT	21a. EXTERNAL	CALISEWAS	211	b. TIME OF	INTILIEN		101 116	2000							ES 🔀	
		UNDERLYING	OR	Н			DAY YEAR	ZIC. HC	OW INJURY	OCCURRE	D (ENTER NATUR	RE OF INJURY I	N ITEM 18 PAR	TIORPA	RT 2)		
1	MEDICAL	CONTRIBUTING			P.M.	E INTUING	19	215 1 0	CATION								
	ME	WHILE AT WORK	NOT WHILE		STREET, FACTO				CATION		Ctt	Y OR TOWN		COL	INTY		STATE
		AT WORK	AT WORK			74.1											
		220 I certify	that I took cha	rge of the re	moins desc	ribed oba	ve, held on	Autop	sy X.	Inspection		quiry	, ond ii	n my op	inion		
	ě.	deoth resulted	from: No	turol couses	X,	Accident	, Su	cide	, Homic	cide,	Undetermin			, ,			
71		our services	h.	0		150				SPECIFY)							
		ACTUAL SIGNATURE_	MN	10	X	1		M		istant	MEDICAL	FXAMINE	2	DATE	8-1	1-85	
1	/	EVALUEDICA!	11		/						medicae	EXAMINE	,	SIGIAL			
1		EXAMINER'S N (TYPE OR PRINT	Ann	M. Dix	kon, M	M.D.			ADDRESS_	111 F	Penn St	., Ba	alto.	, ME	212	201	
23	30.BU	RIAL, CREMATION Buri	ON REMOVAL	236 DATE	0-	23c. N	IAME OF CEA	AETERY O	R CREMATO	ORY	123d. LOCAT	ION					
-				0/3/	05	GL	en Hav	en Me	em Par	CK	Glen	Burni	e	AOUN.	A.	N	Id
2	4. FL	NERAL DIRECT	OR	li e e =	ADDRESS		10.70			250. DATE R	EC'D. BY REG	IP.	A REGISTR				AMD. 11.4.1 AMD. WISINESS TRY PART AND DEATH PART AND DEATH STATE
L	Cr 6	orge J	Gonce	4001	Rito	chie	Hgwy]	Balto) Md	AHG !	5 198	5	lia Vac	(dues	-Nauk	della	

ser pank downer a number of the services

Mil. ... attentionally has never not fatour

the owner to the same of the same of the same

FOR - STATE

STATE OF MARYLAND

DEPAR

TMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH	ENE 8	Leg. N	10.	9	9	2	49
LAST	20 DATE O	F DEATH	MONTH	DAY	/ YEAR	26 HOU	R

REGIS	IKAK			CEICIN	ichie oi i	PEN III	0	EG. NO.	1	/ 00	
1. DECEASED		RST	MIDDLE	t.	AST		20 DATE OF	DEATH MONTH	DAY /YE	AR 2b Ho	OUR !
ALLE OR LEGIST		ALTON	L.	WYAT	r			7/	114/8	2 3:	05 P
3. SEX		4. RACE		5. DATE C			6. AGE (IN YE	ARS LAST BIRTHDAY	MONTHS E	YEAR IF UNE	DER 24 HRS
Ma	ale	В	lack	MONTH 1	9	50	35	Y	RS. MONINS	IATS HOUR	y WIM.
Za. BIRTHPLA	CE (STATE OR FORE)	GN 76 CITIZEI	N OF WHAT COU	NTRY? 8	NEVED.	MARRIED XX	9. BALTIMOR	E CITY OR COL	UNTY OF DEAT	Н	127
	vland	U	I.S.A.	WIDOWE		NORCED	BAL	TIMORE	CITY		M
IO CITY OR T	OWN OF DEATH	11. NAM		NURSING HOME C	R OTHER INS	TITUTION	12a USUAL O	CCUPATION FOR MOST OF WORK		ND OF BUS	INESS O
BAL	TIMORE	UN	ION MEMO	RIAL HOS	PITAL		TITPE OF WORK	OR MOST OF WORK	ING CIFE) I INDUS	IKI	
USUAL RESID	DENCE (IF NURSING F	OME OF OTHER INSTIT	TUTION, GIVE RESIDENCE		13d. INSIDE (CITY I IAAITCO	112- STREET A	DDRESS / ZIP (CODE		
	ryland	COOKI		timore	YES X	NO [ast 27		reet 2	121
14 FATHER'S		WIDDLE	LA	ACT.	15. MOTHER	S MAIDEN NA		MIDDLE			
	1101	MIDOLE		131	Mir	nnie		MIDDLE	Gask:	ins	
	CEASED EVER IN U	J.S. ARMED FORCE		L SECURITY NO.	17. INFORMA			ADDRESS			
N (TES. GIVE WAR ON DA	214-5	56-6649	Denis	se Gas	kins 5	22 Eas	t 27t1	h Str	eet
	USE OF DEATH (E		se per line for (o),	(b), and (c)		1			BETV	PROXIMATE IN	ITERVAL
PA	RT I. DEATH WAS	CAUSED BY: MEDIATE CAUSE	(0)	cordi	ine	arres	-		4.5	3m	M.
			TO, OR AS A CON	ISEQUENCE OF '	1				710		
	itions, if any, wh	nich ((b)	Scot	e St	DCK				bb	emo
	rise to immedi		TO, OR AS A CON	ISEQUENCE OF	1			_1		7	11
under	lying cause la	ost.		cerebrat	e di	e to	pledion	arres		rn	offer
	2. OTHER SIGNIFIC	CANT CONDITIO	NS CONTRIBUTIN	IG TO DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE	OR CONDITION	N GIVEN IN PA	RT Iro:	
É	diak		nu	1 elaste	tidust		219			-	
0	TE OF OPERATION	1. 10.	ONDITION FOR V	WHICH OPERATION		DRMED	20a AUTOF	'SY? 20b. 1	IF YES, WERE FI ERTIFYING CAI		
RT .	17182/6	17182 CV	aprile 4	HICER/	Gastras	tom	1	NC .	YES 🗌	NO	
00.00	CIDENT WAS UNDERLY	1100	IME OF INJURY JR A.M. MONT	H DAY YEAR	AIC HOW IN	NJURY OCCURE	RED (ENTERNATI	JRE OF INJURY IN ITE	M 18 PART I OR PAR	T 2)	
$\stackrel{\circ}{=}$	HER NOTHY MEDICALE		P.M.	19							
WHILE	JURY OCCURRED	EATHO	DACE OF INJURY	OFFICE, FARM, ETC.)	211 LOCATI			CITY OR TOWN	COUNT	Y	STATE
AT WOR	AT WORK				100	0.1		21.1	- 67		
	ertify that This		101-	04	162	19 75	, to	-1114	19	5 , that (1	1
	w the deceased o	(did not) view the	bady ofter death.			(our) opinion (death occurred	on the date and			
226. 51	GNATURE	0 0	AY		DEGREE	ATTENDING	MEDICAL	STAFF	22c. D	DATE SIGNE	D
224 DL	YSICIAN'S AME	<i>v</i> . \vee	moror			PHYSICIAN [DIRECTOR		(1117	82.
220. FF							CODIAL I	IO ODTO			
	ROY		HISHOLM	Tax				HOSPITAI	U		
(SFB U)	CREMATION, REM	10VAL 236 DA	TE 19/85	23c NAME OF C Arbuti			Ar B'ti		COUNTY	Md.	STATE
24 FUNERAL		//	19/85	Arbuti	us Men			,			
Wm C	March 1	F/H Inc	. 1101 ^{ADI}	PE North	n Aver	rue JUI	1 8 19	GISTRAR 256 RE	ANTINGOON	Marian	N. San
							0				

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

REG. N	10.	9	9	2	-
F DEATH	HTMOM	DAY	YEAR	26. HO	UR

KIND OF BUSINESS OR

, that (I) (worldast

63	1-	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND HEALTH AND MENTAL HYO HICATE OF DEATH	B Seg. No.	9 9	2 5
		CEASED NAME	FIRST	MIDDLE		LAST	20. DATE OF DEATH MONTH	DAY YEAR	26. HOUR
V		Mary	'		Wyat	t	July 17, 1989	5	7:30
1	3 SE	X	4 RACE		S. DATE (6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
X		Female		Black	5	13° 00°	85 YRS.	Morning Daris	Mills.
70		RTHPLACE (STATE OR FO	DREIGN 76 CITIZET	USA	MARRIE WIDOWI	D NEVER MARRIED D	Baltimore of		M
00		TY OR TOWN OF DEA	(IF NOT	E OF HOSPITAL, NURSIF IN SUCH FACILITY, GIVE STREET 06 Oakley A	NG HOME (OR OTHER INSTITUTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING		F BUSINESS OF
18/	43a. S	MD	NG HOME OR OTHER INSTIT	UTION GIVE RESIDENCE BEFOR 134 CITY OR TOV Baltimo	VN	13d. INSIDE CITY LIMITS? YES [X] NO []	13e.STREET ADDRESS / ZIP COI 3006 Oakley Av		21215
1	14 F/	Anthony	MIDDLE	Smith		Unknown	WE	tAS	ı
medico	16a V	VAS DECEASED EVER I YES, NO OR UNKNOWN) NO	N U.S. ARMED FORCE			Marion Olag	address unju 3006 Oakley	Ave.	
or other troumatic event, th			DUE 1	O, OR AS A CONSEQUE O, OR AS A CONSEQUE	Men of the	Left Fence	ur	1de	ry.
ene prior to buriol,	CERTIFICATION	Multi	phe Et	A	Bucul	ar accidants	YES NO	ES, WERE FINDIN	
18 sh		OR CONTRIBUTING . C.	1100	IR A.M. MONTH D	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM IS	PART 1 OR PART 2}	
0 5	MEDICAL CE	OR CONTRIBUTING CC (IF EITHER NOTIFY MEDIC 21d. INJURY OCCURR WHILE NOT WHI AT WORK AT WOR	AUSE OF DEATH ALEXAMINER) ED 21e PI (AT HO		19	211 LOCATION STREET	RED (ENTER NATURE OF INJURY IN ITEM IS	COUNTY	STATE that (I) (wat for

230. BURIAL, CREMATION REMOVAL 236. DATE

Burial

23c. NAME OF CEMETERY OR CREMATORY Mt. Zion Cem.

23d LOCATION Baltimore COUNTY

STATE MD

24 FUNERAL DIRECTOR
Wm. "C" March F/H DHMH - 16 50M 4/83 (VRA 15, 4)

7/22/85

1101 E. North Ave.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



277030	-				STAT	E OF MARYLAI	ND					
7	,	FOR		DEPARTA	DEPARTMENT OF HEALTH AND MENTAL HYGIENE							
	1.	STATE REGISTRAR			CERTIF	ICATE OF DE	EATH	8	REG. NO.		9	1 2 0
		CEASED NAME FIRST		MIDDLE	L	AST		20. DATE OF	DEATH MO	NTH I	DAY YEAR	26 HOUR
noy be poge 3 r deoth	{ IYPE	LOUIS	20	seph	TAR	_72		10	LY 2	4	1985	150/AM
moy pod	3. SE	X	4. RACE	SO DII	5. DATE C			6. AGE (IN YE	ARS LAST BIRTHD		IF UNDER I YEA	
e 4 s off	17	Male	White		WONTH	ı́8	VEAR 03	82		YRS.	MONTHS DAY	S HOURS MIN,
Poor dire		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D A NEVER MA	, nn = -	9 BALTIMO	RE CITY OR		OF DEATH	
n 72 n 72		nnsylvania	U.S.A.		WIDOWE		ORCED [Balti	more C	ity		MD.
0 5 2	10 C	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		R OTHER INSTI	TUTION	120 USUAL C	CCUPATION	1		OF BUSINESS OR
13/	Ва	ltimore		Hospital	ADDRESS				fitter			struction
1 1	U5U/	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION			13d. INSIDE CIT	Y HANTS?	13e.STREET A	DDPESS / 7	IP CODE		
1 185		ryland Balt		Baltimor			NO []		Easter			21231
1 22 1		THER'S NAME	MIDDLE	LAST	11/4	15 MOTHER'S		ME	WIDDLE			1457
bo mple	9	Frank	MIDDLE	Yartz			garet		WIDDLE		Slavio	3
ond co Poges		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	Mrs. M	arie K	. Yart	ADDRESS	0 Ea	stern	Avenue
oe execute on ond ond ond ond ond ond ond ond ond	,	Yes 4/29	- 4/35	218-03-2	2309A		WIIO II		Bal	timo	re, Mo	1. 21231
ysicio ppers vol. t, the		18 CAUSE OF DEATH (Enter or	nly one couse per	line for (o), (b), one	die		1917	1.4	1111		BETWEE	OXIMATE INTERVAL EN ONSET AND DEATH
a phy on po error		PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (o)	Sepsis				100		days		
nding corbi				R AS A CONSEQUE	NCE OF							0
otter nove otion, rroum	131	Conditions, if ony, which	(b)_	Resporm	ator	y Day	760			0 1	60	ehr
the he		gove rise to immediate couse (a), stating the	DUE TO, O	R AS A CONSEQUE	NCE OF	1						
thot id by the leose id, created or other	100	underlying couse lost.	((c)									
signe signe hen pl ho bur ilury, o	z	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO E	DEATH BUT	NOT RELATED T	TO THE TERM	INAL DISEASE	OR CONDIT	ION GIV	EN IN PART	110
been in The prior to prior to ony in	CERTIFICATION	190 DATE OF OPERATION	TIBL COND	ITION FOR WHICH	OBERATIO	NI WAS BEDEOD	AAED	70a AUTO	DSV2	N. IE VEC	WEDE EINIT	DINGS USED
	FIC.	DATE OF OFERATION	170 COND	MONTOR WINCH	OFERATIO	IN WASTERIOR	MED		1	NCERTIF	YING CAUS	ES OF DEATH?
sicion. Sicion. Sicion. Sicion. Strain per host	ERT	210 ACCIDENT WAS UNDERLYING	7 21b. TIME C	OF INJURY		21c. HOW INJ	URY OCCURE	YES []	NO DE INTURY II		S []	NO 🗌
physicio physicio trificote b sil fronsit tol Hygie		OR CONTRIBUTING CAUSE OF DE	HOUR A	M. MONTH DA	AY YEAR			(CHIER IA	TORE OF HAJORY I			
HYSICIA Iding p Ins certif buriol-1 Mentol or Item	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED		M. OF INJURY	19	21f LOCATION	N					
the the ond	A	WHILE NOT WHILE	(AT HOME ST	REET, FACTORY OFFICE, F	ARM, ETC)	STREET			CITY OR TOWN		COUNTY	STATE
DING or o Afte se os solth mort		220 I certify that (I) (this hosp	ital) attended th	ne deceosed from	TULY	29	19 05	C _ot _	V14 2	24	19 8'5	_ that (I) (we) lost
TEN TOR: Or ur		sow the deceosed alive or obove, (1) (we) (did) (did no	7057	24 19		nd that in (my) (our) opinion	deoth occurred	d on the date	and hou	ond from t	
OR A DORECT OR A Dept.		276 SIGNATURE	or) view the body	offer deoffi.		DEGREE					22c. DA	TE SIGNED
4 4 4 4		+kler 1	John				TENDING HYSICIAN	MEDICAL	STAFF PHYSICIA	NO	7	54/82
HOSPITAL Ined by the FUNERAL WIDE deto the Stote ORTANT. II		228. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS						
		Helen	Walk	~		Merc	7 Ho	whal	301	1 5	T Pan	e PI
My Kapo	23a E	BURIAL, CREMATION, REMOVAL	23b. DATE			EMETERY OR CE		23d. LOCA	00.10			
BP		(SPECIFY) Burial	7-26-8	Ga Ga	arrisc	on Fores	~ -	Owin	gs Mil	ls B	altin	elenda Md.
DHMH - 16 60M 7/84		JNERAL DIRECTOR					75. TA	E RECID. BOR	学が対	REGIST	RAR'S SIGN	ATURE
(VRA 15, 4)	Ar	n 5. Matthews,	3021 Ea	stern Ave	∍., Ba	altimore Md	,		7	- 197	LAK	

We fire all the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 204124 MEDICAL EXAMINER'S CERTIFICATE OF DEATH, REGISTRAR DECEASED NAME 20 DATE KNOWN X (TYPE OR PRINT) ESTI-WILLIAM YOST DEATH MATED VERNON 14 1985 4 RACE 5 DATE OF BIRTH AGE UN YEARS IF UNDER 1 YR IF UNDER 24 HRS 2d. HOUR DATE 3;15 PRONOUNCED Male DEAD TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED XX NEVER MARRIED WIDOWED DIVORCED Baltimore City IL CITY OR TOWN OF DEATH HOSPITAL NURSING HOME Laborer Wyman Park Medical System Unemployed Baltimore 13e Styleet Appress 3042 Raymonn Avenue 21213 Maryland 13h COUNTY Baltimore 13d INSIDE CITY LIMITS? YES XX NO 14. FATHER'S NAME MIDDLE Margaret ADDRESS (YES, NO OR UNI Lonetta Yost 3642 Raymonn Ave. 21213 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (8) CERTIFICATION 19s. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES T NO X 218 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH PAA 21e PLACE OF INJURY (ATHOME III. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE CITY OR TOWN WHILE AT WORK PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STA BALTIMORE, MARYLAND, 2 220 I certify that I taak charge of the remains described above, held an Natural causes X death resulted fram: Accident Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER 7-14-85 SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., BAlto., MD 21201 (TYPE OR PRINT) 234 LOCATION 07/84 24 FUNERAL DIRECTOR harles S. Zeiler & Son Inc. 901 S. Conkling St **DHMH** - 17 (VR A15 ME (5))

1.5.4.

Unstrologist

essine Males, with

Annied St.

CAR CHAN STANT OF STANT

1 - 2 - 4 to receive the section of the 1213

Villian ...

Sea 1.1. 2

Lunder Leties from Inc. 1973, maring the

January T-1;-5; resident on out

eg mil

Dill side

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 203366 1 - STATE CERTIFICATE OF DEATH REG. NO REGISTRAR DECEASED NAME 20. DATE OF DEATH YEAR 2b. HOUR JAMES 13 : .1985 EDWARD YOUNG 4 RACE 3 SEX 5 DATE OF BIRTH A AGE TIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR MONTH 1930 Male Black 18 BIRTHPLACE Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN MARRIED X NEVER MARRIED MARYLAND BALTIMORE CITY WIDOWED DIVORCED [IB. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION MAST NITENANCE ORKING LIFE 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACHITY, GIVE STREET AD INDUSTRY LUTHERAN HOSPITAL BALTIMORE NURSING HOME BOUAL RESIDENCE OF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COLINERY 130 STATE 13c CITY OR TOWY LI3d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE MARYLAND BALTIMORE 2523 EDMONDSON AVENUE 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE **JOHN** YOUNG HENRIETTA HAWKINS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS WWIT 214-28-4752 DARLENE E. YOUNG. 2523 EDMONDSON AVENUE 18 CAUSE OF DEATH (Enter only one cause per line for (a), Ab , and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to Canditians, if any, which gave rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH NOL 7 a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 71e PLACE OF INJURY ZIL LOCATION CITY OR TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an _ and that in (my) (our) opinion death accurred on the date and have and from the couses stated abave, (1) (we) (did) (did nat) view the body ofter death. 22h SIGNATURE DEGREE 221 DATE SIGNED

DHMH - 16 60M 7/84

10 24

(VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL BURIAL 7-18-1985 231 NAME OF CEMETERY OR CREMATORY

22e ADDRESS

ATTENDING

CITY OF TOWN

STATE

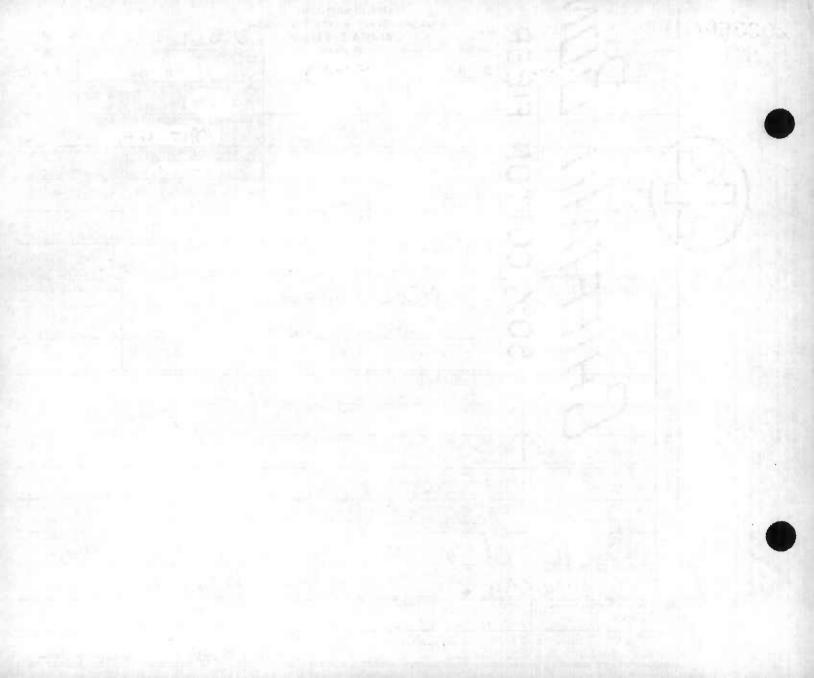
GARRISON FOREST 24 FUNUTEPER TO SONS FUNERAL HOME INC. 2501 GWYNNS FALLS PARKWAY

BALTIMORE COUNTY 250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

STAFF

PHYSICIAN DIRECTOR PHYSICIAN [

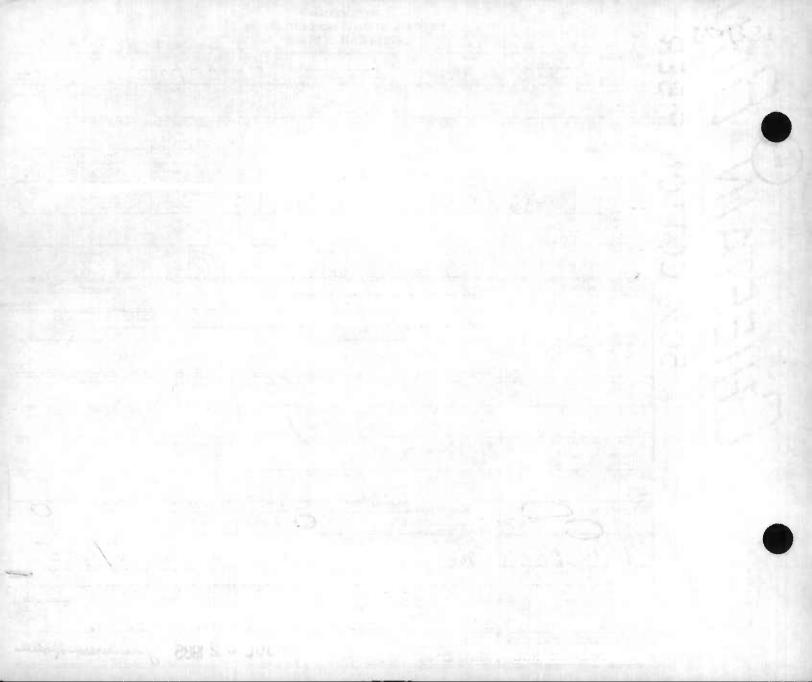
- www. goon Handall



(VRA 15, 4)

STATE OF MARYLAND

ME TABLE & MEDICAL OF THE WAR TO VITA PARKET TO THE PARKET OF THE VITA PARKET OF an de files, more hand not be all france in registed allows. Supplied Party Carrier Commence Commenc Tribia godeficiació A PARTHER PROTESTING WELSEY LINES TO THE STORY OF THE SECOND PORTER El La Ul. De ories to in classification essent. . . syrose



6.1	LATE	OF		POME	A BID
-	1 8 1 1	() P	84.0	KYI	AND

1-	FOR STATE REGISTRAR		DEPARTA	AENT OF HE	OF MARYLA ALTH AND A CATE OF D	MENTAL HYG	IENE 8	S _{REG. N}	10.	9	9	3	1
	OR 80 to 11		AIDDLE	LAS			20 DATE O	FDEATH	MONTH	8	YEAR 85	26 HOU	OO.
	The	odora		Zanı	nis				-	0	05	21	.00 _M
3 SE	(4 RACE	3 1-1 1	5. DATE OF		W6 4 B	6 AGE IN	YEARS LAST BE	RTHDAY)	MONTHS	DAYS	IF UNDER	24 HRS
	FEMALE	WHIT	E	nonth 11	6	1919	65		YRS		DATS	HOURS	MIN.
	RTHPLACE (STATE OR FORE	IGN 76 CITIZEN OF	WHAT COUNTRY?	8.	NEVER A	A A B B I E D	9 BALTIMO	ORE CITY	OR COUN	TY OF D	ATH		
N	ew Jersey	U.S.	Α.	WIDOWED		ORCED	Balt.	imor	e. (itv			MD.
10 C	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OTHER INST	ITUTION	12a USUAL	OCCUPAT	ION			FBUSINE	ESS OR
J	Baltimore		gnes Ho		1			ewife	OF WORKING		Own 1	lome	
USU	AL RESIDENCE (IF HURSING	HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)			0.50		/ 7/0 00		21	228	
	id.	Balto.	Catons		3d. INSIDE C	NO X	6022		ck F	ria			
	THER'S NAME				5 MOTHER'S	MAIDEN NA	WE						-
/	Stavros	MIDDLE	Lambrou			Maroud	io	MIDDLE			Da	ppas	
160 V	VAS DECEASED EVER IN	U.S. ARMED FORCES?	16b. SOCIAL SECU		7 INFORMA		10	ADDR	ESS	2	1228	ppas	- 6
(NO NO (1	FYES, GIVE WAR OR DATES)	070 20	-4016	Manu	el P.	Zann	3 - 6	022	DIA	ole 1	7~40	. na C
	Canditions, if any, w gave rise to immed cause to, stating	DUE TO, OI hich inte the lost.	R AS A CONSEQUE	NCE OF ST	ones	ulong	ghn	tie					
CERTIFICATION	PART 2 OTHER SIGNIES	CANT CONDITIONS CC	TION FOR WHICH	ppe	r GI	ten	INAL DISEAS	ge	20b. IF	res, wer	E FINDIN	IGS USE	
RTIFIC							YES 📮	NO	IN CER	YES T	CAUSES	OF DEAT	
MEDICAL CE	210 ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER NOTIFY MEDICAL E	SE OF DEATH HOUR A.I	m. Month Da m,	YEAR 19		JURY OCCURR	RED (ENTERN.	ATURE OF INJU	JRY IN ITEM T	8 PART I OF	PART 2)		
MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY EET, FACTORY, OFFICE, FA		211. LOCATIO STREET	N		CITY OF TO	OWN	CC	YTAUC	5	STATE
	220 I certify that (I) (thi	live on 7/8	19 8	1/8 5 ond	that in (mv	aur opinion	to	8 an the d	late and h	, 19 .6		that (h)	
	22b SIGNATURE	did not view the body	after death.	DE	GREE	TTENDING	MEDICAL				DATE		

226 SIGNATURE 220 PHYSICIAN'S NAME (TYPE OR PRINT)

MD ICKEN

22e ADDRESS

Baltimore, Md.

should be detached for use as the burral-transit per with the State Dept. of Health and Mental Hygiene, MPORTANT: If Item 21 is marked or Item 18 shows 230. BURIAL, CREMATION, REMOVAL Burial

3 SEX

deoth deoth

director.

he funeral o

ly filled in by the

te attending physicium.

please

Then g

this certificate has be

FUNERAL DIRECTOR. etained by the haspital

PHYSICIAN

OR ATTENDING

HOSPITAL

BP.

offending

other troumotic cremotion,

and co

offer

236 DATE 7/12/85 23c. NAME OF CEMETERY OR CREMATORY Greek Orthodox Cemetery

23d LOCATION CITY OR TOWN Woodlawn

COUNTY

STATE Md.

DHMH - 16 60M 7/B4 (VRA 15, 4)

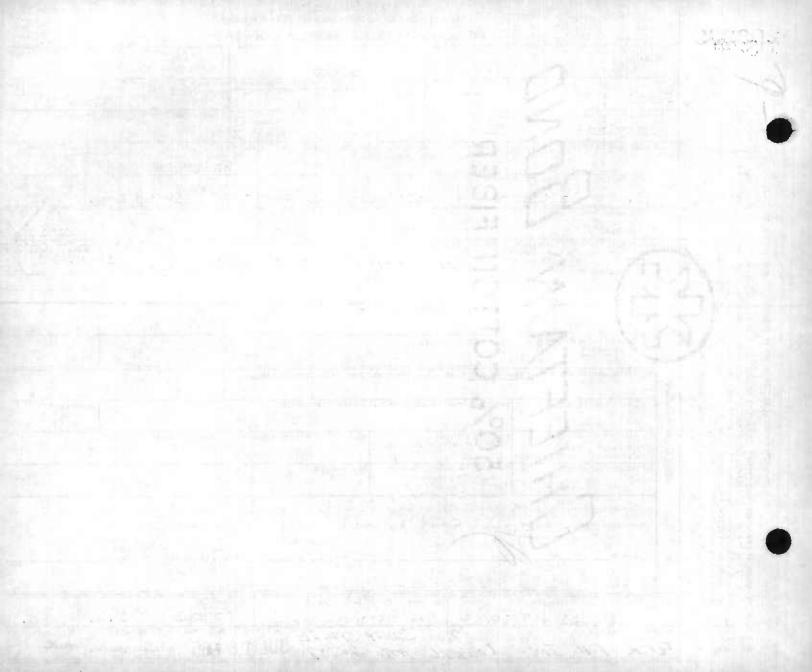
14 FUNERAL DIRECTOR Leroyam, & Russell C. Witzke Funeral Homes P.A. 1630 Edmondson Avenue, Catonsville, Md. 21228

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Lavidson Aandelle

And the state of t water saures of the same of th - district the state of the sta

		Carl Fill						ARYLAN						
		FOR STATE							NTAL HY				÷ 27	
203239		REGISTRAR	- 331	MED		XAMIN	ER'S C	ERTIFIC	ATE OF	DEATH	REGI NO	9 9	3	2
		CEASED NAME	FIRST		MIDDLE			AST	MES.	20. DATE	KNOWN X	MONTH	DAY YEAR	26. HOUR
/ WHINE	,,,,		Betty	7	Jean		Zar	ora		DEATH	MATED	7/	15/19 8	5
() THE OW	3 SE)	4. F	RACE	5 DATE OF BIRTH		6 AGE (IN YE	ARS IF UN	DER I YR	IF UNDER 24			MÖNTH	DAY YEAR	
27583	F€	emale	W	3 23	35	50 YE		SDAYS	HOURS M	PRONOUN DE AD	ICED	7/	15/19 8	5 8:55
37 EB-24	70 BI	RTHPLACE (STATE	OR	76 CITIZEN OF WHA		11	0			9 BALTIM	ORE CITY OR			JI A M
の書名を行うと	FO	Marylar	nd	USA				prom	ER MARRIED	200	_			
25 0 35 X		TY OR TOWN OF		11. NAME OF HOSP	IT AL NILID	SING HOME	WIDOW		DIVORCED	Bal Bal	timore	City	16 KIND OF B	MD.
STATE //	/			(IF NOT IN SUCH FAC	ILITY, GIVE ST	REET ADDRESS)		K 1145111011	1014	FOR MOST OF WOR	KING LIFE	F WORK 12	OR INDUS	TRY
90° 88	METT		imore	1906 W	ilken	s Ave.				Waitı	cess		Food	i
SE FORMON		TATE	113b. COUNT	Υ	13c. CITY	OR TOWN		13d. INSIDE CIT	Y LIMITS? 13	e STREET ADDRE	SS	1	120	23
当 多多种方面		Md.	Balti	more	В	altim	ore	YESX	NO 🗌	1906 W	llkins	AVE	≥ .	
1 2 2 3 2 1 E	14. FA	THER'S NAME	17.7%	MIDDLE		AST		15. MOTHER	R'S MAIDEN I	VAME	IDDLE		LAST	
ON SERVICE ARE		Robey	7			Mae		Aı	nna		Mae		Rur	nion
BALTIMORE, MD S AFTER DEATH GIVE PAGES 1, 2 PTHE FORMTHM 3 PTHE FORMTHM 3 VISION OF VITAL	16a. V	VAS DECEASED E	VER IN U.S. ARM	ED FORCES?		IAL SECURIT		17. INFORM.			ADDRESS 7	00 5	Shady ver, N	Oak F
S AFTER GIVE PA HITH FOR PAGES I	-	no	(* 105,0110 11	AR OR DATES)	215	-30-1	1698	Anna	Mae	Scott	west	Riv	rer, N	1d
WITH PA		18 CAUSE OF D	EATH (Enter only	ane cause per line f							20//	U	APPROXIMA	TE INTERVAL
2 23 62 A	-	PARTIDEATI	H WAS CAUSED	BY: CAUSE (o)		Cirrho	sis o	of Liv	<i>ier</i>				BETWEEN ONS	ET AND DEATH
2 3 9 9 5 6	5		WWEDIATE	DUE TO, OR A										
1 2000年			if ony, which											
W WEEK	179		to immediate ting the under-	DUE TO, OR A	S A CONS	SEQUENCE ()F							
N WE WE		lying cause l	ast.											
AND		PART 2 OTHER SIGNIF	ICANT CONDITIONS C	(c) Ontributing to death bu	IT NOT RELAT	EO TO THE TERM	INAL DISEASE	OR CONDITION	CIVEN IN BART 1	-				
EN PER PER	Z				,, REEN	LO TO THE TERM	INAL OIJEAJE	Ox CONOTTON	DIVEN IN PART I	10.				
UD BE EN PROPERTY WENDING FEMENTY HEALTH HEALTH	CERTIFICATION	19a DATE OF OP	ERATION	196, CONDITI	ON FOR V	VHICH OPER	ATION W	SPERFORM	AFD?				20 AUTOPS	V2
TAL R HOULD NED "PR CHEF / USED OF HE JRIAL	5											1,816		
2 200 855.	E	21a EXTERNAL C	AUSEWAS	216 TIME OF I	NILIRY		121, HC	W INHIDY (OCCUPPED 4	ENTER NATURE OF INJ	LIEV IN ITEM 10 DAD	7 1 OR DARY	YESXX	NO [
S SHEEP S		UNDERLYING	OR	HOUR A.M.		DAY YEAR	1000		OCCORNED (ETTER TONE OF MA	ONT DATEM TO PAR	OR PART	4)	
SION SION SION SION SION SION SION SION	MEDICAL	CONTRIBUTING		P.M. 21e PLACE O	EINTHIDY	19	21f LOC	ATION						
N SECTION AND AND AND AND AND AND AND AND AND AN	AE	WHILE AT WORK	OT WHILE	STREET, FACTO				REET		CITY OR TO	VN	COUN	TY	STATE
MAR WAR		AT WORK A	T WORK											
S E S S S S S S S S S S S S S S S S S S	18	220 I certify th	nat I taak charge	of the remains descr	ribed obov	ve, held an	Autops	y X.	Inspection	, Inquiry	, ond	n my opin	ion	
MAN PER	18	death resulted f	ram: Naturo	I causes X.	Accident	, Sui	cide .	Homicia	de .	Indetermined ma	nner ,			
AN WEST		rices/fee	1	1	\			TITLE (SPI	ECIFY)					
AHDAE" -		SIGNATURE	X	111			M.	. Assi	stant	MEDICAL EXAM	INER	DATE SIGNED.	7/15	/85
SE S	/	EVALABLERIC NIA												
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE FORGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR ATTER DEATH, WITH THE S BACTIMORE, MARYLAND.		(TYPE OR PRINT)	Gree	gory R. Ka	auffm	an, M.	D. /	DDRESS	111	Penn St				744
525544	230.B	URIAL, CREMATIO	N, REMOVAL 23	b. DATE	23c. N	AME OF CEA	AETERY OF	CREMATOR	RY 2	3d. LOCATION		COUNTY	,	STATE
07/84 BP	1	Bur	rial	7/19/85	T	vv Hi	11 0	emete	222	Laure	1	P.G		Md.
25M DHMH - 17	24. FI	UNERAL DIRECTO	R	ADDRESS	7.01	SANA	y SI	P. PR	O. DATE REC	D. BY REGISTRA				
(VR A15 ME (5))	FR	ECK F.	H. IN	c. Lau	05%	mn	20	707	JUL :	8 1985	L'una Na	widson	-Handel	L
	-										/			



250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE JAMES A 1085

STATE OF MARYLAND

DHMH - 16 50M 4/B3 (VRA 15, 4)

24 FUNERAL DIRECTOR

11 - 4 07 TO 7 TO 8 - 11

203194

FOR

FIRST

James

4 RACE

NURSING HOME OR OTHER INSTITUTION GI 136 COUNTY

MIDDLE

IMMEDIATE CAUSE (o)___

Whi

U.S.

NAME OF HO (IF NOT IN SUCH I 4245

76 CITIZEN OF WI

- STATE REGISTRAR DECEASED NAME

TYPE OR PRINTS

COUNTRY

USUAL RESIDENCE (#

Md. 4 FATHER'S NAME FIRST

Male

O. BIRTHPLACE ISTATE OF FOREIGN

Md O. CITY OR TOWN OF DEATH

Baltimore

James

LYES NO OR UNKNOWN) no

60 WAS DECEASED EVER IN U.S. ARMED FORCES?

& CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY

DEPARTA	MENT OF H	OF MARYLA EALTH AND A ICATE OF D	MENTAL HYG	IENE 8 5	REG. NO.	i 9	9	3 4	
DLE	L.	AST		20. DATE OF D	EATH MO	ONTH D	AY YEAR	26 HOU	IR
W.	Z	elenka	3	Ju1	y 11	198	5		AM
te	5 DATE C		1908	6. AGE (IN YEAR			FUNDER 1 YEA		24 HRS MIN.
hat country? A .	WIDOWE		VORCED [timo	ore C	ity		MD.
SPITAL, NURSIN ACILITY, GIVE STREET, neldon	Aven		IITUTION	120 USUAL OC (TYPE OF WORK FO Mail Tr	CUPATION or most of w anspc	vorking life)	12b. KIND INDUSTE Posta	of BUSINI ailwa il Ser	SS OR Y VICE
ve residence before 3c. CITY OR TOW Baltimo	N	136 INSIDE C	NO []		bress / Z	lon A	ve.	2120	6
Zelenka	1		s MAIDEN NAI illian		MIDDLE		un	know	n
86 SOCIAL SECU 213-01-		17 INFORMA		enka (w	ADDRESS 7ife)		add	ress	
definition (b), and	shi	c (Caro	ires	nea		APPRO BETWEE	XIMATE INTE	DEATH .
AS A CONSEQUE	NCE OF				26				
AS A CONSEQUE	NCE OF								
ITRIBUTING TO D	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE C	OR CONDI	TION GIVE	N IN PART	100	_

DUE TO, OR Conditions, if ony, which 16)____ gave rise to immediate couse (a), stating DUE TO, OR A underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CON CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO 210 ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 214 INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET FACTORY, OFFICE FARM ETC.) NOT WHILE

220 I **certify** that (I) (this hospital) attended the deceased from saw the deceased alive an July 3 19.73 saw the deceased alive an July 3 abave (1) (we) (did) (did not) view the body after death and that in (my) (aur) apinion death accurred an the date and hour and from the causes stated

DEGREE 220 DATE SIGNED ATTENDING MEDICAL STAFF

22e ADDRESS

2926 E. Coldspring Lane

DIRECTOR PHYSICIAN

Dr. Gracito Patricio 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE COUNTY

Gardens of Faith 7/13/85 Burial 24 FUNERAL DIRSChimunek Funeral Home, Inc.

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Baltimore

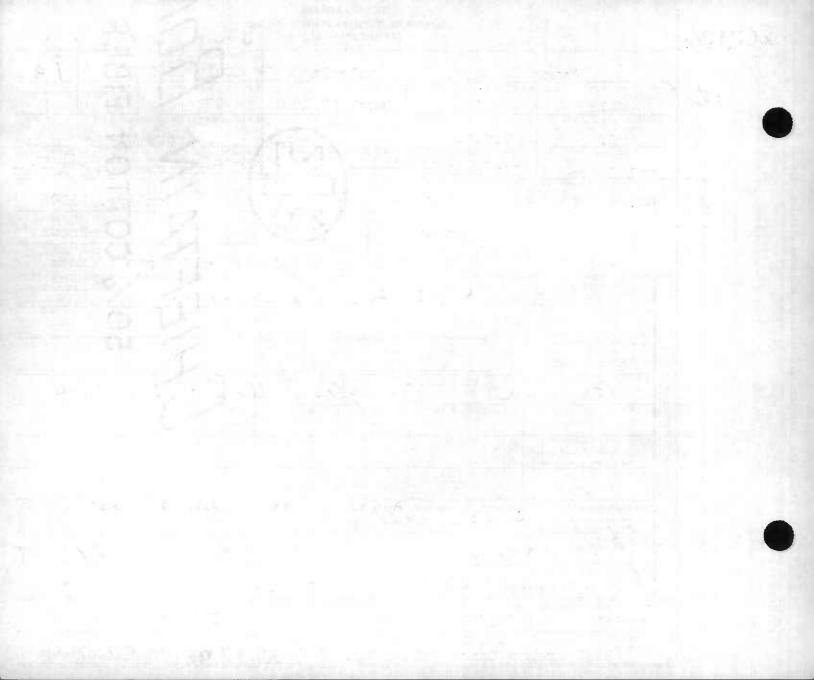
Md ATE

3331 Brehms Lane, Balto. Md. 2121

DHMH - 16 60M 7/B4 (VRA 15, 4)

should b

38



203392

STATE OF MARYLAND DEPARTMENT OF HEALTH AND A

MENTAL HYGIENE			
EATH	8	SREG. NO.	

ulia Davidson-Randalls

1 -	REGISTRAR			CERTIF	FICATE OF DEATH	8	SREG. NO	0.	9	9	3	5
	CEASED NAME FIRST		MIDDLE		AST	20 DATE C	FDEATH	MONTH	DAY	YEAR	2b HC	UR
and the second	Ida		M.		Zepp			/-	13 -	-85	9:3	5 P.
3 SE	Female	4 RACE	White	S. DATE O		6. AGE (IN	YEARS LAST BIR	THDAY)	WONTHS	DAYS	IF UNDI	ER 24 HRS MIN.
	RTHPLACE (STATE OF FOREIGN COUNTRY) Maryland		S.A.	8	D NEVER MARRIED	9 BALTIMO	Balt	RCOUNT				MI
10 C	TY OR TOWN OF DEATH Baltimore	11. NAME OF	HOSPITAL, NURSING	HOME O	OR OTHER INSTITUTION		OCCUPATION HOUSE		FEI IND	KIND O USTRY	F BUSIN	VESS OR
13a. S	AL RESIDENCE (IF MURSING HOME COTATE 13b, COL		130 CITY OR TOWN Baltimo		YES X NO	20	ADDRESS /	ZIP CODI	ew]	Road	21	239
14. FZ	THER'S NAME FIRST Howard	MIDDLE	Campbell	L	15 MOTHER'S MAIDEN NAM	WE	MIDDLE			Wil	d	
	VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECUR	ITY NO.	17 INFORMANT		ADDRE	SS	376			11/6
,	res, no or unknown) (IF yes G	SIVE WAR OR DATES!	217-22-80	94	Samuel G.	Whipps	318	Grala	in Ro	bac	21:	228
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per SED BY ATE CAUSE (a)	line for (a), (b), and CARDIC	0680	JE SHOCK					APPROXI		
NO	Conditions, if ony, which gove rise to immediate cause Ial, stating the underlying cause last PART 2 OTHER SIGNIFICANT ACUTE FEMA	(c)	ONTRIBUTING TO DE	ART ATH BUT	ERY DISEASE NOT RELATED TO THE TERM PERGLYCEM	INAL DISEA	se or con	DITION GIV	VEN IN I	PART 1	a	
CERTIFICATION	190 DATE OF OPERATION		,	1	N WAS PERFORMED	20a AUT		20b IF YE	FYING C		OF DE	ATH?
MEDICAL CERT	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR A.	M. MONTH DAY M.	YEAR	21c. HOW INJURY OCCURR	YES [] RED (ENTERN	NO A		PART I OR	PART 2)	NO	
MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME STI	OF INJURY REET, FACTORY, OFFICE FAR	RM ETC)	211 LOCATION		CITY OR TO	wn	COL	UNTY		STATE
	22a.1 certify that +1-(this hosp saw the deceased alive o above, (1) (we) (did) (did r	7-	3- 10 80	And the last	6-30- , 19 <u>85</u> nd that in (my) (our) apınıan c	, to death accurr	7-1 ed an the do		19 <u>8.</u> ur and fr			(we) -last tated
	22b. SIGNATURE				DEGREE				221	DATE	SIGNE	
	Franci Jal-3				M-D. ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAF			7-13	-85	
	FRANCIS TA	ORPRINT) T-TEE K	H00		GOOD SAMAR	CITAN	HOS	PITA	1			
	URIAL, CREMATION, REMOVA	L 236 DATE	23c NA	ME OF C	EMETERY OR CREMATORY	23d LOC	ATION					
	Burial	Jul 17	1985 Mt	t. 0]	ive Cemetery	Rai	ndalls	town	COUNT		yla	nd
24 FI	INERAL DIRECTOR				25a. DATE	E REC'D. BY	REGISTRAR	25b. REGIST	RAR'S S	IGNAT	URE	

Leonard J. Ruck, Inc. Baltimore, Maryland

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attent should be detached for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

injury, or other troumotic

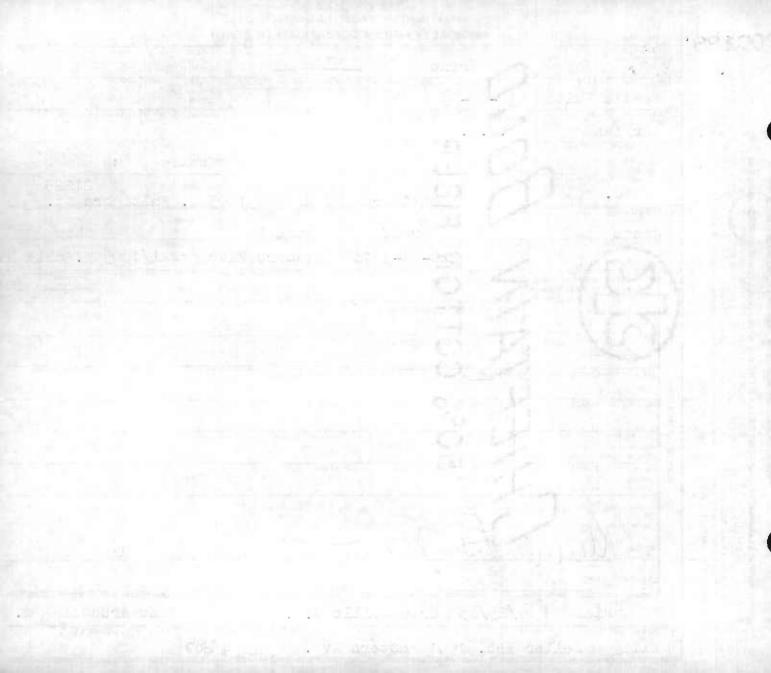
IMPORTANT: If Hem 21 is marked or Hem 18 shows any

1,32

				L
	w Tr		m2.277	61250
althora Viv	X		. A.B. U. 4	frentigen
Housewills			поли вооб	overit of
2023 CreatyLow Road 21219		The state		Pholips
NI I		-10	e de care U	
nipps 118 Graign Hood 20228	. Tempe	beta.	217-22	

Hariel Jul 17 193 4. Diive same eng landellatown keotera J. Succ. Inc. inlinore, harytens 18 18 cm

	/		em l, Per. F.H	.7/24/85 TAR DEPARTMENT	STATE OF MARYLAND OF HEALTH AND MENTAL	HYGIENE	
20	17 100 ·	1-	STATE REGISTRAR	MEDICAL EXAM	MINER'S CERTIFICATE	112	9 3 6
harden of	Street		CEASED NAME FIRST	WIDDLE	Ziarnowsk	20. DATE KNOWN MONTH	DAY YEAR 26 HOUR
	PLEASE CTOR. FILES. TREET,		Edna	Irene	Zianowski	DEATH MATED 47/	22/19 85 M
	PIRECTE DIRECTE DOUR FILL DN STRI	3. SE		5. DATE OF BIRTH 6. AGE	(IN YEARS IF UNDER 1 YR. IF UNDE	MIN PRONOUNCED	DAY YEAR 14 HOUR 10:2
	TON 72		Female White		PRINTED AYS HOURS	DEAD 7/	22/19 85 AM
	S FOR YALL	FC	REIGN COUNTRY)	U.S.A.	MARRIED NEVER MARI	_	ITY OF DEATH
	IS NECESSARY, PLEASE EFUNERAL DIRECTOR. E. 5 FOR YOUR FILES. D. WITHIN 72 HOURS I W PRESTON STREET.		Maryland TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING H	WIDOWED DIVOR	DED Baltimore Cit	Y MD
	しエロコロ//		Baltimore	(IF NOT IN SUCH FACILITY, GIVE STREET ADDR	RESS)	HOUSEWLTE	OR INDUSTRY
-	SE POE		L RESIDENCE (IF IN NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE AD			21227
120	\$36983 A	13a S	Md. 136 COUNT	13c. CITY OR TOV		13. STREET ADDRESS	21223 ore St.
(8	0000	14. F	ATHER'S NAME		15. MOTHER'S MAID	EN NAME	
(11)	語言を言うべつ		Jacob	MIDDLE LAST Gra	ff Anna	WIDDLE	Shaw
W.	Bacos V	16a. \	VAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SEC	URITY NO. 17. INFORMANT	ADDRESS	
ALT	A A A A A A A A A A A A A A A A A A A		NO.	220 - 03-	-1618B Theodor	e Ziarnowski/100	5 W.Balti S
3	WITH WITH DIVISI	7	18 CAUSE OF DEATH (Enter online PART I DEATH WAS CAUSED	y one cause per line for (a), (b), and (c)	.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
N S	PA HO DNG DNG ERW AL.		IMMEDIAT	E CAUSE (0) Arterioscl		cular Disease	
ESTO	SI ALC MOV		Conditions, if any, which	DUE TO, OR AS A CONSEQUEN	NCE OF		The state of
- A	RAN TAL	1	gave rise to immediate	(b)			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	E SHOULD BE EXECUTED WITHIN 24 HOL WORD "PENDING" IN PENCIL IN ITEM 18 CHIEF MEDICAL EXAMINER ALONG WE USED AS A BURIAL TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE BURIAL, CREMATION, OR REMOVAL.		couse (a) stating the under- lying cause lost.	DUE TO, OR AS A CONSEQUEN	NCE OF		
08,2	EXECUTED NG" IN PRICAL EXAMINATION, CARLES AND MEILAL HAND MEILAL		PART 2 OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION CIVEN IN I	ADV 1	
O.	MEDICAS A BALTH /	Z		STATE OF SERVICE OF THE SERVICE OF THE	LICENMENT COSCUSE OR CONDITION GITEN IN P	AKI 1 '0	
- E	HEA AMEN	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH (OPERATION WAS PERFORMED?		20 AUTOPSY?
/ITA	WORD "PE WORD "PE AE CHIEF A BE USED. ENT OF HEL	I H					YES NOT
OF.	CERTIFICATE SH LITING THE WOR DED TO THE CO E 3 SHOULD BE LE SEPARTMENT OF PRIOR TO BUS		210. EXTERNAL CAUSE WAS	11b. TIME OF INJURY HOUR A.M. MONTH DAY	YEAR 216 HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR P.	ART 2)
N O	STHE VALUE TO THE VALUE AND TO THE VALUE TO	CAL	CONTRIBUTING CAUSE OF D	EATH P.M. 10	9		
IVIS	REPENDENCE SELECTION OF SELECTI	MEDICAL	21d. INJURY OCCURRED WHILE D NOT WHILE	21e PLACE OF INJURY (AT HON STREET, FACTORY, FARM, ETC.)	AE. 211 LOCATION STREET	CITY OR TOWN CO	OUNTY STATE
۵	WAR A BE		WHILE NOT WHILE AT WORK				
	TER: THI CATE, W FORWA DR: PAG HE STA ND, 21;	10	220. I certify that I took charge	e of the remains described above, held	on Autopsy , Inspection	on , Inquiry X, ond in my o	pinion
	BE DE L		death resulted fram: Nature	al causes Accident .	Suicide , Hamicide .	Undetermined manner .	
	CERTIFIC CERTIFIC CONTROL BE DIRECT IN WITH MARYL		ACTUAL AT A	. Amush	TITLE (SPECIFY)	→ DATE	7/02/05
	SEAT SEAT SEAT SEAT SEAT SEAT SEAT SEAT		SIGNATURE CYCLLY	NON JUL	Assistan	MEDICAL EXAMINER SIGN	7/23/85
	TO MEDICAL EXECUTE THE PAGE 4 SHO TO FUNERAL AFTER DEATH	-	EXAMINER'S NAME (TYPE OR PRINT) Deni	nis F. Smyth, M.D.	ADDRESS 11	1 Penn St.	
	TO MEDICAL EXAMINER: 11 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNEAL DIRECTOR: 19 AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	23a.B	URIAL, CREMATION, REMOVAL 23	B DATE 1234 NAME OF	CEMETERY OR CREMATORY	23d LOCATION	UNITY
07/84	BP		Burial	7/25/85 Crown	nsville V.A.	Anne Ar	Windel "Md.
25M	DHMH - 17	24. F	UNERAL DIRECTOR	ADDRESS	250. DATE	REC'D. BY REGISTRAR 256 REGISTRAR'S	SIGNATURE
	(VR A15 ME (5))		Lilly & Zeile	er Inc. 1901 Eas	stern Ave.	11 2 4 1985	



									ARYLAN							
. 4		9	FOR STATE			DEPART	MENT OF I	PEALT	ANDME	NTAL H	YGIENE					
			REGISTRAR		MEI	DICALI	EXAMIN	ER'S C	ERTIFIC	ATE O	F DEA	TH	REG. NO.	(3 .3		7
20	4011		CEASED NAM	E FIRST		MIDDLE			LAST		0 2	DATE KN	IOWN (7)	MONTH	DAY YE	Zb. HOUR
~0	SOLL	(TYP	E OR PRINT)					-	. ,			OF DEATH N	ESTI.	7/ 5	. , .	_
	E E E E E	0.051		Rose	1/ 0.15 05 000		1		Inder				TAILD	1/ 5	19 8	35 M
	# D = 5 #	3. SEX		4 RACE	5 DATE OF BIRTH	YEAR	AGE (IN YEA	RS IF UN		HOURS		C. DATE	ED	MONTH	DAT TE	6:55
	N 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	F	EMALE	WHITE	UNIKNOU	UN	/5 YR	S.				DEAD		7/ 5	5/ 19 8	35 P M
	STAN	70. BI	RTHPLACE (S	TATE OR	16. CITIZEN OF WE	AT COUN	TRY?	8	50 D 1515	50 400.0		. BALTIMO	RE CITY OR	COUNTY		
	BACE &	FO	MARY L	AND	USA	1		WIDOW	ED NEV	DIVORCE		- 31		011		
	S NECESSARY, PLEASE FUNERAL DIRECTOR E. FON YOUR FILES. D. WITHIN 72 HOURS W. PRESTON STREET,		TY OR TOWN		11. NAME OF HOS		DCINIC HOME					Balt	IMOre	City,	KIND OF	MD.
	こまりゅうう	10. 01	TI OK TOWIN	OF DEATH			TREET ADDRESS)	, OK OTH	EK INSTITUTI	ION		OST OF WORKIN		P WORK 121	OR INDL	JSTRY
	AND TO		Balt	imore	Univer	sity	Hospit	al			HC	DUSEWI	FE		AT H	OME
38	SEE SE	USUA	L RESIDENCE TATE	13b COUN		VE RESIDENCE	BEFORE ADMISSIO	(MC	13d. INSIDE CIT	V I IIIITCO	lia. CTDE	ET ADDRESS				
25	33E3B2		ARYLAND		The state of the s	BAL.	OR TOWN TIMORE		YES X	NO [4611	REIS	TERST	OWN R	D. #	21215
. 0	# 25 5 7	-	ATHER'S NAMI			Ditta	11110112		15 MOTHER							
2	F-18882~	11.7	KABE		MIDDLE	CHILID	LAST		FIR	RST	14 (AWIAIE	UNKN	OWN		LAST	
28	SE SE					SHLU										
- 1	RAGES /	16a. V	VAS DECEASE ES, NO, OR UNKNO	DEVER IN U.S. AR	MED FORCES? WAR OR DATES)	16b. SOC	IAL SECURITY	NO.								OCIETY
17	ENT SE		NO	-8					9 W.	MULB:	ERRY	ST.	BALT	O., M	D 2	1201
4	100000		18 CAUSE C	F DEATH (Enter on	ly one cause per line	for (a) (b)	ond (c)								APPROXI	MATE INTERVAL
6	OF GEW		PARTIDE		D BY: TE CAUSE (a)			roti	Card	iorrac	anla.	r Dice	2200		BETWEENO	NSET AND DEATH
NOM	AND SERVE			IMMEDIA					Card	TOVAS	cuia	T DISE	ease			
6	223248		6 17		DUE TO, OR	AS A CON	ISEQUENCE ()F								
2	AL HYG			ns, if ony, which se to immediate	(b)											
3	NA PERS		couse (a) stating the under-	DUE TO, OR	ASACON	ISEQUENCE C)F				14-				
9	FRAMEN		lying cau	use last.	(6)											
8	SPASSE	-	PART 2 OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO GEATH	BUT NOT RELA	TEO TO THE TERM	NAI MICEACE	OP CONDITION	CIVEN IN BAD	OT Line					
RECORDS	D BE EXECUTE ENDING" IN MEDICAL EX AS A BURIAL ALTH AND A CREWATION	z		on ican constitutions	CONTRIBUTION TO OCATII	DOI HO! KELK	TEO TO THE TERM	MAL VISEASE	OK COMPILION	GIFTEN IN FAR	(1 1 10)					
9	SASASS -	MEDICAL CERTIFICATION	10 0 175 07	0000 471041	Tur an an											
	HOURD B CHIEF ME USED AS OF HEAL	3	190 DATE OF	OPERATION	196 CONDI	ION FOR	WHICH OPER	ATION W	AS PERFORM	AED?					20 AUTOP	SY?
VITAL	38255	=	L. V. VIII.											7	YES [M ON
T.	S B B B B B B B B B B B B B B B B B B B	1 8		AL CAUSE WAS	21b. TIME OF		5 AV V5 A		W INJURY (OCCURRED	DIENTERN	ATURE OF INJUR	Y IN ITEM 18 PAR	RT I OR PART 2	t)	
Z	SEC SEC	1	UNDERLYING	OR OR			DAY YEAR									
DIVISION OF	PAR OF SECOND	S	21d INJURY	OCCURRED	21e PLACE C	-	(AT HOME	211 100	CATION		_					
<u> </u>	E E E E E	X X	WHILE	NOT WHILE C		ORY, FARM, E			TREET			CITY OR TOWN		COUNT	TY.	STATE
	ANKE: THIS CERTIFICATE SHOULD BE ICATE, WRITING THE WORD "FINE WE CARWARDED TO THE CHIEF WE CTOR: PAGE 3 SHOULD BE USED AN THE STATE DEPARTMENT OF HEAL LAND, 21201 PRIOR TO BURIAL, CHILAND,		AT WORK	AT WORK								117				
	NNER: THE FICATE, WE FORWA CTOR: PAI THE STA LAND, 21:		22a Loerti	fy that I took chara	e of the remains des	cribed obo	ve held on	Autops		Inspection	X	Inquiry [nod.	in my opini	inn.	
	EXAMINER: CERTIFICATE UID BE FOR DIFFCTOR: WITH THE S		death result	,	[Accident		cide	, Hamicie					iii iiiy opiiii	GII	
	AME BE BE		deoth result	ed from: Natur	ral causes X,	Accident	L., Sui	cide []			Undete	rmined mani	ier [],			
	\$ 5 BEB\$		ACTUAL	X	400				TITLE (SP					DATE	710	105
	MEDICAL SE 4 SHO FUNERAL ER DEATH		SIGNATURE		0			M	D. ASS	istar	T WEDK	CAL EXAMIN	IER	SIGNED.	7/6,	85
	DESTRUCTION OF THE PROPERTY OF		EXAMINER'S	NIAME												
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOUI TO FUNERAL D AFTER DEATH, BALTIMORE, M	-	TYPE OR PRI	NT) Grec	jory R. Ka	uffma	an, M.D)	ADDRESS	1]	ll Pe	nn St				
	52255	23a.B	URIAL, CREMA	TION, REMOVAL 2	3b. DATE	23c. h	NAME OF CEA	AETERY O	RCREMATO	RY	23d. LO	CATION		COUNTY		CYAYE
07/84	DD	{5	BUI	RIAL J	ULY 11,19	85 D	ALTIMO	DE III	DDEM			A T TT TM	ODE	COUNTY	MARY	LAND
25M	BP	24 F	UNERAL DIREC		EVINSON &	BBUG	TNC	KE HI	DREW	So. DATE R	EC'D. BY	ALTIMO	25b. REGIST			JI 41 1D
	DHMH - 17		NAME	OOL L	ADDRESS					11.14						.04
	(VR A15 ME (5))	-	010 RF	ISTERSTO	IN RD. BA	LTO.	MD	212	15	JUL	16	MD	i bra de	eurdson	Marke	
			, , , , , , , , , , , , , , , , , , , ,										/			

BUS GENERAL BURGET IN THE STATE OF THE STATE